APPENDIX B1

1996 SIPP WAVE 4 CORE QUESTIONNAIRE

Major Sections

Instrument Front

-HH_COMP- This screen presents the current HH composition.

  Number of persons in HH: ____
  Person currently interviewed: ____


```
                              P S A       S A E R O
                              A E G MAR P F D A R
LN NAME              RELAT    R X E STAT N N U C I
```
----
1 FIRST AND LAST NAME

-HHLWAVE1- This screen presents the HH composition as of LAST wave.

      Household telephone number: [AREA CODE PHONE NUMBER EXTENSION]
      Household address: [ADDRESS 1]
                             [ADDRESS 2]
                             [CITY, STATE ZIP]

      Number of persons recorded in HH: [# OF PERSONS IN HH]

```
O                               P S A       S
S                               A E G  MAR P
P LN NAME              RELAT    R X E  STAT N
```
----
x 1 FIRST AND LAST NAME
x 2 FIRST AND LAST NAME
x 3 FIRST AND LAST NAME

Respondent's
First Name   Middle Name   Last Name   Maiden Name   Other Name
----
-
FIRST   MIDDLE   LAST NAME   MAIDEN   OTHER

JOB NAME = [NAME OF PERSONS'S JOB]
BUSINESS NAME = [NAME OF PERSON'S BUSINESS]

```
O                               P S A       S
S                               A E G  MAR P
P LN NAME              RELAT R X E  STAT N
```

-CP_SUM-
       Household telephone number: [AREA CODE/PHONE/EXTENSION]
       Household address: [ADDRESS 1]
                            [ADDRESS 2]
                            [CITY, STATE, ZIP]

       HH Respondent: [FIRST AND LAST NAME]
       CONTACT PERSON INFORMATION FROM PREVIOUS WAVE
       CONTACT PERSON #1 NAME/ADDRESS:

       [FIRST, MIDDLE, LAST NAME]
       [ADDRESS 1]
       [ADDRESS 2]
       [CITY]
       [STATE, ZIP]
       [RELATIONSHIP]

       CONTACT PERSON TELEPHONE #: [AREA CODE/PHONE/EXTENSION]

       CONTACT PERSON #2 NAME/ADDRESS:
       [FIRST, MIDDLE, LAST NAME]
       [ADDRESS 1]
       [ADDRESS 2]
       [CITY]
       [STATE, ZIP]
       [RELATIONSHIP]

       CONTACT PERSON TELEPHONE #: [AREA CODE/PHONE/EXTENSION]

      (1) Update Contact Person #1
      (2) Update Contact Person #2
      (P) PROCEED

       ___

-CP1- Enter name and address or (S) for SAME, if no change needed
     Current name:
     CPNAME1_FN, CPNAME1_LN [FIRST, LAST NAME]
                             _____ _____

     Current address: [ADDRESS 1]
                 [ADDRESS 2]

     _____
     _____

     [CITY, STATE, ZIP]
     _____   _____   _____

     Current relation: [RELATIONSHIP]

     Current telephone: [AREA CODE/PHONE/EXTENSION]
     _____

-CP2- Enter name and address or (S) for SAME, if no change needed
     Current name:
     [FIRST, LAST NAME]
     _____   _____

     Current address: [ADDRESS 1]
                 [ADDRESS 2]
     _____
     _____
     [CITY, STATE, ZIP]
     _____   _____   _____

     Current relation: [RELATIONSHIP]
     Current telephone: [AREA CODE/ PHONE/ EXTENSION]
     _____   _____   _____

-START-   CENSUS CATI/CAPI SYSTEM   Date: 06-03-97
                             Ver: 1
               SIPP
    THE SURVEY OF INCOME AND PROGRAM PARTICIPATION
         I_PANEL Panel, Wave, I_WAVE

PSU: _____
SEGMENT: _____
SERIAL: _____   CASE STATUS IS: [NEW CASE, NEED CC, NEED
                               CORE, NEED CALLBACKS]

DATE IS: [MONTH, DAY]   APPOINTMENT: CALLBACK
TIME IS: [HHIMM]   [DATE, TIME]
INTERVIEW MODE: [PERSONAL/TELEPHONE]

    (P) Proceed - PERSONAL INTERVIEW
    (T) Telephone interview (goto Dial screen)
    (A) Set appointment for visit or callback
    (Q) Quit -- Do Not Attempt now
    (R) Ready to transmit

      ___

-DIAL-

    FR INSTRUCTION: PRESS SHIFT-F4 AND REVIEW HOUSEHOLD COMPOSITION
                  BEFORE BEGINNING THE INTERVIEW

  Dial this number: Area Code: Phone Number:
  Secondary number: Area Code: Phone Number:

    (1) Someone answers - BEGIN INTERVIEW
    (2) Someone answers - SET APPOINTMENT
    (3) No contact - answer machine/busy/no answer
    (4) New telephone number or telephone disconnected
    (5) Not attempted now

      ___

-DASSIST- Enter address or (S) for SAME, if no change needed

     If HH has no telephone, enter N for the area code to proceed

     FR INSTRUCTION: Call directory assistance in your area
                 if necessary to obtain the correct telephone
                 number for this household.

     (PRESS SHIFT-F4 TO DISPLAY HOUSEHOLD ROSTER AND ADDRESS
     FROM PREVIOUS WAVE)

     What is the new telephone number for the [PERSON'S/ HOUSEHOLD'S LAST NAME]
     household?

     CURRENT TELPHONE NUMBER:

     Area Code: Telephone: Extension:

     _____   _____   _____

-HHAPPT2-

     When would be a convenient time to conduct an
     interview with your household?

     ___

-HHAPPT3-

     Before I go, let me verify some information:

     Is your address still (READ ADDRESS BELOW) ?

     Household address: [ADDRESS 1]
                         [ADDRESS 2]
                         [CITY, STATE, ZIP]

     (1) Yes
     (2) No
     (3) Address correction - HH did not move
     (Q) End interview

‾‾‾

-HHAPPT4- Enter address or (S) for SAME, if no change needed

    Current listing: [ADDRESS 1]
                    [ADDRESS 2]

    ‾‾‾‾‾‾‾

    ‾‾‾‾‾‾‾

    Current listing: [CITY]

    ‾‾‾‾‾‾‾

    Current listing: [STATE]
    ‾‾‾‾‾‾‾   (H) HELP

    Current Listing: [ZIP]

    ‾‾‾‾‾‾‾

    CURRENT TELPHONE NUMBER:

    Area Code: Telephone: Extension:

      ‾‾‾‾‾‾‾   ‾‾‾‾‾‾‾   ‾‾‾‾‾‾‾

-HHAPPT5-

    FR INSTRUCTION: PRESS SHIFT-F4 TO DISPLAY PREVIOUS WAVE
HOUSEHOLD ROSTER

    I have listed (HOUSEHOLD ROSTER LIST) as living in this household.

    Are ALL of these people still living here?

    (1) Yes
    (2) No

    (Q) End interview

    ‾‾‾

-HHAPPT99-

   Thank you for your assistance. I will visit your household
   on [APPOINTMENT DATE].

   FR INSTRUCTION: This household has persons who have moved since
                the last interview; you may wish to review procedures
                for movers before the interview.

                REMEMBER: deal with mover cases early in the month,
                so that you have sufficient time to locate and
                interview the people who moved.

   PRESS ENTER TO CONTINUE

       ___

-INTRO_D-

   Some of the questions have already been answered.
   Let me see where we should begin.

   Item to begin: [LAST OPEN QUESTION]

   PRESS ENTER TO CONTINUE

       ___

-INTRO-
   "Hello. I'm ... from the United States Bureau of the Census.
   (If personal visit, read: Here is my identification card (show ID card.)

   Several months ago this household was contacted concerning a
   survey on the economic situation of people who live in the
   United States. I have some further questions to ask you."

   Ask respondent if he/she received advance letter;
   if not, give letter to respondent before proceeding
   (if personal visit), or read/explain the letter to
   telephone respondents.
   Is the respondent ready to complete the interview?

      (1) No - Inconvenient time.
      (2) No - Reluctant Respondent - Hold for refusal followup
      (3) Noninterview (Type A/B/C/D OR a mover noninterview)
      (4) Contacted Incorrect Household - END INTERVIEW

      (P) Proceed   ___

Noninterviews

-TYPEABC-   ENTER NONINTERVIEW CODE

    TYPE A   TYPE B

(1) No one home   (20) ENTIRE HH institutionalized

(2) Temporarily absent

(3) Refused   TYPE C

(4) Language problem   (29) ENTIRE HH deceased

(5) Other Type A   (30) ENTIRE HH moved out of country

                           (31) ENTIRE HH on active duty in Armed Forces

    MOVER SITUATIONS

(32) ENTIRE HH Moved to known address OUTSIDE of FR's area

(33) ENTIRE HH Moved to known address WITHIN FR's area

(34) ENTIRE HH merged with another SIPP HH

(35) ENTIRE HH Moved and split into several new SIPP HH's

(36) ENTIRE HH Moved - further work needed to obtain address

(37) Other Type C

    TYPE D

(38) ENTIRE HH Moved, address unknown

(39) ENTIRE HH Moved within US; RO determined case is outside SIPP limits ___

-BCINFO-

    FR INSTRUCTION:

    For Type B and C noninterviews, collect the
    following information.

    Date the household left sample: Month: _____ Day: _____

    Name of person providing noninterview status
    FR NOTE: Enter "BYOBS" if determined by observation
    _____

    Telephone number of person listed above:

    Area Code: _____
    Number: _____
    Extension: _____

-SPCIFY-

    Specify the kind of "Other" Noninterview

    ___

-TYPC_OTH-

     Specify the kind of "Other" Noninterview

     ___

-NI_RACE-

     Enter the Race of the reference person

       (1) White
       (2) Black
       (3) American Indian, Aleut or Eskimo
       (4) Asian or Pacific Islander
       (5) Other
       (D) Don't Know

     ___

-NI_SEX-

     Enter the Sex of the reference person

       (1) Male
       (2) Female

     ___

-NI_SIZE-

     ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

     Enter the total number of people in the household.
     Count all children and adults.

     ___

-NI_TENUR-

     Are the living quarters --

       (1) Owned or being bought by the occupant(s)
       (2) Rented for cash
       (3) Occupied without payment of cash rent

     ___

-CC02AB-

    FR NOTE: Please be sure to complete a Type A and D Information
         Sheet for this case.

    PRESS ENTER TO CONTINUE

    ___

-TYPEADIS-
        ** NOTE TO FR **

    PLEASE DISCUSS THIS CASE WITH YOUR SUPERVISOR
    BEFORE DESIGNATING IT AS A TYPE A NONINTERVIEW.

    PRESS ENTER TO CONTINUE

-GET_NEWAD1-
    ASK OR VERIFY

    Can you give me the new address of the individuals who
    lived in this household?

        (1) Yes
        (2) No / Address not available yet

    ___

-GET_NEWAD2-

    IF ANY PART OF THE ADDRESS IS UNKNOWN OR BLANK,
    PRESS ENTER TO LEAVE THOSE FIELDS BLANK.

    What is the new address for these persons?

    STREET ADDRESS: _____

        _____

    CITY: _____   COUNTY: _____

    STATE: _____   (H) HELP

    ZIP CODE: _____

    TELPHONE NUMBER:
    AREA CODE: _____
    TELEPHONE: _____
    EXTENSION: _____

-ALFTDATE-
    DATE OF LAST INTERVIEW: [MONTH 5]

    When did these persons leave?
    ENTER NUMERIC VALUES FOR MONTH AND DAY

    MONTH: _____
    DAY: _____

-AVERDATE-
    I would like to verify that
    these persons left before [MONTH1] 1st.
    Is that correct?

        (1) Yes
        (2) No

        ___

-ARSNLFT-

Why did these persons leave the household?
ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

    (5) Separation or divorce
    (6) Marriage
    (7) Became employed/unemployed
    (8) Due to job change - other
  (10) Other

    ___   ___   ___

-ALFTMAIN-

What is the main reason these persons
left the household?

    [REASON 1]
    [REASON 2]
    [REASON 3]

    ___

Coverage Items

-VERADD-

What is your exact address?

ADDRESS: [ADDRESS 1]
             [ADDRESS 2]
             [CITY, STATE, ZIP]

    (1) Address correct as listed
    (2) Some additions/changes to address are needed

    ___

-ADDWARN-

FR INSTRUCTION:

If the entire household has moved to a new address, DO NOT use the
address change screen. Entire-household mover cases should be
spawned from the TYPEABC screen. Enter (S) at the prompt to spawn
a mover case (or cases).

Use the address change screen ONLY to make minor changes to the
household's basic address. Enter (P) at the prompt to proceed
to the address change screen.

If there are no changes to the household's address, enter (N) at
the prompt to proceed to the next question.

    (N) No changes needed
    (S) Spawn mover case(s) from TYPEABC screen
    (P) Proceed to the address change screen

    ___

-CHGADD- Enter address or (S) for SAME, if no change needed

     Current listing: [ADDRESS 1]
                 [ADDRESS 2]

    _____

    _____

     Current listing: [CITY]

    _____

     Current listing: [STATE]
    _____   (H) HELP

     Current Listing: [ZIPCODE]

    _____

     CURRENT TELPHONE NUMBER:

     Area Code: Telephone: Extension:

      _____   _____   _____

-VCOUNTY-
    ASK OR VERIFY:

    In what county is this address located?

    Current listing: [COUNTY]

      (S) for SAME

      ___

-MAILADDR-

Is this also your mailing address?

ADDRESS: [ADDRESS 1]
             [ADDRESS 2]
             [CITY, STATE, ZIP]

    (1) Yes
    (2) No

   ___

-CHGMAIL-

Enter corrected mailing address or (S) for SAME if correct

Current listing: [ADDRESS 1]
                  [ADDRESS 2]

  _____

  _____

Current listing: [CITY]

  _____

Current listing: [STATE]
  _____   (H) HELP

Current Listing: [ZIP]

  _____

-ACCESS-

   ** DO NOT READ TO RESPONDENT **

   IS ACCESS TO THIS UNIT

    (1) Direct
    (2) Through another unit

   ___

-UNIT_CMB-
    ** DO NOT READ TO RESPONDENT **

    This household must be combined with the household through
    which access is gained. Determine if the household is in or
    out of the SIPP sample.

        (1) Combined with HH in SIPP sample
        (2) Combined with HH NOT in SIPP sample

        ___

-LIVQRT-
    ** DO NOT READ TO RESPONDENT **

    Enter type of living quarters
    HOUSING UNIT
    (1) House, apartment, flat
    (2) HU in nontransient hotel, motel, etc.
    (3) HU permanent, in transient hotel, motel, etc.
    (4) HU in rooming house
    (5) Mobile home or trailer with NO permanent room added
    (6) Mobile home or trailer with one or more permanent rooms added
    (7) HU not specified above

    GROUP QUARTERS UNIT
    (8) Quarters not HU in rooming or boarding house
    (9) Unit not permanent in transient hotel, motel, etc.
    (11) Student quarters in college dormitory
    (12) OTHER GROUP QUARTERS UNIT not specified above

        ___

-UNITS-

How many housing units, both occupied and vacant,
are there in this structure?

    (1) One, detached
    (2) One, attached
    (3) Two
    (4) 3-4
    (5) 5-9
    (6) 10-19
    (7) 20-49
    (8) 50 or more

    ___

-BEGINT-

I'm ready to begin the interview with questions about
who lives here, their ages, how they're related to each
other, and other information of that sort. Then, I will
ask questions about your jobs and any other sources of
income.

First, I will ask you about YOURSELF and then I'll
need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

    ___

-VERMAIL-

Is your mailing address:

ADDRESS: [MAILING ADDRESS 1]
             [MAILING ADDRESS 2]
             [CITY, STATE, ZIPCODE]

    (1) Yes
    (2) No

___

-CHVMAIL-

Enter corrected mailing address or (S) for SAME if correct

Current listing: [MAILING ADDRESS 1]
                 [MAILING ADDRESS 2]

_____

_____

Current listing: [CITY]

_____

Current listing: [STATE]
_____   (H) HELP

Current Listing: [ZIPCODE]

_____

-TENURE-

Are your living quarters --

(1) Owned or being bought by you or someone
    in your household
(2) Rented for cash
(3) Occupied without payment of cash rent

___

-VERFYTEN-

Previously, we recorded that your living quarters were
[OWNED OR BEING BOUGHT/ RENTED FOR CASH/ OCCUPIED WITHOUT
PAYMENTS OF CASH RENT]
Is that correct?

(1) Yes
(2) No

___

-NEWTEN-

     ENTER CORRECT LIVING QUARTERS STATUS

        (1) Owned or being bought by you or someone
            in your household
        (2) Rented for cash
        (3) Occupied without payment of cash rent

      ___

-PUBHSE-

     Is this residence in a public housing project, that is,
     is it owned by a local housing authority?

        (1) Yes
        (2) No
        (D) Don't Know

      ___

-GVTRNT-

     Is the Federal, State or local government paying part
     or all of the rent for this residence?

        (1) Yes
        (2) No
        (D) Don't Know

      ___

Household Demographics

-STLLIV-

    During our last interview we listed (READ ROSTER NAMES)
    as living at this residence. Do all of these people
    live here now?

        (1) Yes
        (2) No

     _

-NOTLIV-

    Which of these persons do not live here now?
    ENTER LINE NUMBER OF PERSON WHO LEFT HOUSEHOLD

     _

-LFTDATE-

    DATE OF LAST INTERVIEW: [LAST INTERVIEW MONTH]

    When did [FIRST AND LAST NAME] leave?
    ENTER NUMERIC VALUES FOR MONTH AND DAY
    IF "PREVIOUSLY LISTED IN ERROR", ENTER (0)

    MONTH: __
    DAY: __

-VERDATE-

    I would like to verify that
    [FIRST AND LAST NAME] left before [FIRST MONTH
    OF REFERENCE PERIOD].
    Is that correct?

        (1) Yes
        (2) No

     _

-RSNLFT-

Why did this person leave the household.
ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

    (1) Deceased
    (2) Institutionalized
    (3) On active duty in the Armed Forces
    (4) Moved outside of U.S.
    (5) Separation or divorce
    (6) Marriage
    (7) Became employed/unemployed
    (8) Due to job change - other
    (9) Listed in error in prior wave
  (10) Other

  _1 _2 _3

-LFTMAIN-

What is the main reason this person
left the household?

    [REASON 1]
    [REASON 2]
    [REASON 3]

    _

-WHOELSE-

ASK IF NECESSARY:
Did anyone else who lived here last time go
to live with (READ NAME(S))

    (1) Yes
    (2) No

    _

-NEWADD- What is the new address for .... (READ NAMES)
      FR: Do you know the new address?
         (1) Yes
         (2) No _

Number and Street:

_____

_____

City: _____ County: _____

State: _____   (H) HELP

ZIP: _____-_____

TELPHONE NUMBER:
AREA CODE: ____
TELEPHONE: ____-_____
EXTENSION: _____

-FRAREA-
    QUESTION TO FR:
        Is this address within your interview area?
        (1) Yes
        (2) No
        (3) Further work needed to obtain address

      _

-MORLEAV-
    Is anyone else who lived here last time
    currently not living here?

        (1) Yes
        (2) No

      _

-NEWMBR-

      Is anyone else living or staying here now,
      who I have not listed, including any newborn
      babies?

          (1) Yes
          (2) No

      _

-FMRMBR-

      FR NOTE:
      Is the new household member on the list
      of former household members listed above?

      If so, enter the person number of the person.
      Otherwise, enter (N).
      ___

-MOREFMR-

      Did anyone else on this list rejoin this household?

          (1) Yes
          (2) No

      _

-ADDFMR-

      Enter the line number or
      (N) for NO MORE

      _

-MORJOIN-

      Is there anyone else living or staying here now,
      who I have not listed?

          (1) Yes
          (2) No

-NEWNAME-

What is the name of the new person?
Please include middle and maiden names.
PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME   _____
MIDDLE NAME   _____
LAST NAME   _____
MAIDEN NAME   _____

Have they ever gone by any other last name?
PRESS ENTER IF NO OTHER LAST NAME

OTHER NAME   _____

-NEWRES-

Does this person usually live here?

        (1) Yes
        (2) No

        _

-NEWURE-

Does [FIRST AND LAST NAME] have some other
residence where he/she usually lives?

        (1) Yes
        (2) No

        _

-NOLIST-

Since [FIRST AND LAST NAME] do not
usually live here and has another residence,
they will not be included in this survey.

PRESS (P) TO PROCEED

-ENTDATE-

     When did [FIRST AND LAST NAME] begin living here?

     ENTER NUMERIC VALUES FOR MONTH AND DAY.
     ENTER (B) IF PERSON LIVED AT THIS ADDRESS BEFORE
     SAMPLE PERSON(S) ENTERED

     MONTH __
     DAY   __

-VERDAT-

     I would like to verify that [FIRST AND LAST NAME]
     joined this household before [FIRST MONTH OF REFERENCE
     PERIOD] 1st. Is that correct?

       (1) Yes
       (2) No

       _

-RSNENT-

     Why did [FIRST AND LAST NAME] join
     this household?

       (1) Birth
       (2) Marriage
       (4) Due to separation or divorce
       (5) From an institution
       (6) From Armed Forces barracks
       (7) From outside the U.S.
       (9) Became employed/unemployed
     (10) Job change - other
     (11) Lived at this address before sample person(s) entered
     (12) Other

     (N) No more

     _1 _2 _3

-ENTMAIN-

   What was the main reason [FIRST AND LAST
   NAME] entered the household?

      [REASON 1]
      [REASON 2]
      [REASON 3]

      _

-NEWSEX-

   ASK IF NOT APPARENT:

   Is person Male or Female?

      (1) Male
      (2) Female

      _

-HHRESP-

   WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
   ASK IF NECESSARY: With whom am I speaking?
   ENTER LINE NUMBER

   _

-SEXCHG-

 ** REVIEW THE ROSTER -

 IF ALL SEX ENTRIES ARE CORRECT,
 PRESS (P) TO PROCEED;
 IF ANY SEX ENTRIES ARE INCORRECT,
 PRESS (C) TO MAKE CHANGES. **

   (P) Proceed
   (C) Make Changes

   ____

-SEXCHG1-

ENTER ONLY THE LINE NUMBER
OF THE PERSON NEEDING THE
CHANGE -

ENTER (N) WHEN ALL CHANGES
ARE COMPLETE

   ___

-RPCHECK-

** REVIEW THE ROSTER -

IF THE REFERENCE PERSON
INFORMATION IS CORRECT,
PRESS (P) TO PROCEED;

IF THE REFERENCE PERSON
INFORMATION IS INCORRECT,
OR IF THE RELATIONSHIPS
TO THE REFERENCE PERSON
ARE INCORRECT, PRESS (C)
TO MAKE CHANGES. **

  (P) Proceed
  (C) Make Changes

   ____

-NEWRP-
     FR NOTE:
     Last time we recorded that [FIRST AND LAST NAME]
     was the person or one of the persons who owned or rented
     the home. [PREVIOUS REFERENCE PERSON] no longer lives here.

     Who owns or rents this home?
     WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
     ENTER LINE NUMBER _

-NEWRP2-

    FR NOTE:

    Last time we recorded that [FIRST AND LAST NAME]

    was the person or one of the persons who owned or rented the home.

    [PREVIOUS REFERENCE PERSON] no longer lives here.

    Who owns or rents this home?

    WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

    ENTER LINE NUMBER _

-NEWRP3-

    FR NOTE:

    Last time we recorded that [FIRST AND LAST NAME]

    owned or rented the home.

    Now that your address has changed, I need to know who is the person or persons

    who owns or rents this home.

        (1) Yes, same person owns/rents home

        (2) No, someone else owns/rents home

      _

-NEWRP4-

    Who owns or rents this home?

    WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

    ENTER LINE NUMBER _

-NEWRRP-
     Please turn to flashcard A.
     Which one of the responses listed best describes
      your relationship to [REFERENCE PERSON]?

        (20) Spouse (Husband/Wife)
        (21) Unmarried Partner
        (22) Child
        (23) Grandchild
        (24) Parent (Mother/Father)
        (25) Brother/Sister
        (26) Other Relative of Reference Person
            (Uncle, cousin, mother-in-law, father-in-law, etc.)
        (27) Foster Child
        (28) Housemate/Roommate
        (29) Roomer/Boarder
        (30) Other Non-Relative of Reference Person __

-SPOUSE1-   DO NOT READ TO RESPONDENT UNLESS NECESSARY

     Is one of the following SEX entries incorrect?

LINE   [REFERENCE PERSON]   SEX
LINE   [SPOUSE]   SEX

        (1) To correct [REFERENCE PERSON]'s SEX entry
        (2) To correct [SPOUSE]'s SEX entry
        (3) Neither sex entry is incorrect

       _

-SPOUSE2-
     You said [FIRST AND LAST NAME] is your spouse.
     Is that correct?

        (1) Yes
        (2) No

       _

-SPOUSE3-   DO NOT READ TO RESPONDENT UNLESS NECESSARY
    Earlier I recorded [FIRST AND LAST NAME] was their spouse.

    You have just reported [FIRST AND LAST NAME] is also their spouse.

    Which is correct?

        (1) [FIRST'S FIRST AND LAST NAME] is the
             correct spouse. Change relationship entry of
             [SECOND'S FIRST AND LAST NAME]

        (2) [SECOND'S FIRST AND LAST NAME] is the
             correct spouse. Change relationship entry of
             [FIRST'S FIRST AND LAST NAME]

        _

-SPOUSE4-
    Please turn to flashcard A.
    What is their relationship to?

        (22) Child
        (23) Grandchild
        (24) Parent (Mother/Father)
        (25) Brother/Sister
        (26) Other Relative of Reference Person
              (Uncle, cousin, mother-in-law, father-in-law, etc.)
        (27) Foster Child
        (28) Housemate/Roommate
        (29) Roomer/Boarder
        (30) Other Non-Relative of Reference Person __

-DAD1-

 You have reported both [FIRST'S FIRST AND LAST NAME]
 and [SECOND'S FIRST AND LAST NAME] are parents of
 [FIRST AND LAST NAME]

 Is that correct?

 (1) No, change relationship to reference person code for
       [FIRST'S FIRST AND LAST NAME]

 (2) No, change relationship to reference person code for
       [SECOND'S FIRST AND LAST NAME]

 (3) Yes, this is correct.
       (One is natural father, one is step-father, for example)

       _

-DAD2-

 Please look at flashcard A.
 What is their relationship to ?

       (21) Unmarried Partner
       (22) Child
       (23) Grandchild
       (24) Parent (Mother/Father)
       (25) Brother/Sister
       (26) Other Relative of Reference Person
             (Uncle, cousin, mother-in-law, father-in-law, etc.)
       (27) Foster Child
       (28) Housemate/Roommate
       (29) Roomer/Boarder
       (30) Other Non-Relative of Reference Person __

-MOM1-
      You have reported both [FIRST'S FIRST AND LAST NAMES]
       and [SECOND'S FIRST AND LAST NAME] are parents
       of [FIRST AND LAST NAME]

    Is that correct?

    (1) No, change relationship to reference person code for
           [FIRST'S FIRST AND LAST NAME]

    (2) No, change relationship to reference person code for
           SECOND'S FIRST AND LAST NAME]

     (3) Yes, this is correct.

         (One is natural mother, one is step-mother, for example)

       _

-MOM2-
      Please look at flashcard A.
      What is their relationship to?

              (21) Unmarried Partner
              (22) Child
              (23) Grandchild
              (24) Parent (Mother/Father)
              (25) Brother/Sister
              (26) Other Relative of Reference Person
                   (Uncle, cousin, mother-in-law, father-in-law, etc.)
              (27) Foster Child
              (28) Housemate/Roommate
              (29) Roomer/Boarder
              (30) Other Non-Relative of Reference Person   _

-RPDAD-

I've recorded that [FIRST AND LAST NAME] is [FIRST AND
LAST NAME]'S father. Is [FIRST AND LAST NAME] his
biological, step, adopted or foster child?

     (1) Biological or natural
     (2) Stepchild
     (3) Adopted child
     (4) Foster child

     _

-RPDAD2-

Is [FIRST AND LAST NAME] also his adopted child?

    (1) Yes
    (2) No

    _

-RPMOM-

I've recorded that [FIRST AND LAST NAME] is [FIRST AND
LAST NAME 's] mother. Is [FIRST AND LAST NAME]
her biological, step, adopted or foster child?

     (1) Biological or natural
     (2) Stepchild
     (3) Adopted child
     (4) Foster child

     _

-RPMOM2-

Is [FIRST AND LAST NAME] also her adopted child?

    (1) Yes
    (2) No

    _

-INTROCC-

    Now I will briefly review a little information about
    the people who live here.

    PRESS ENTER TO CONTINUE

    _

-AGECHK-

    I have listed that [FIRST AND LAST NAME] age is
    [CURRENT AGE]
    Is that correct?

          (1) Yes
          (2) No

        __

-NUBDAY-

    What is [FIRST AND LAST NAME]'s date of birth?

(1) January	(5) May	(9) September
(2) February	(6) June	(10) October
(3) March	(7) July	(11) November
(4) April	(8) August	(12) December

  BIRTH MONTH
  PREVIOUS ANSWER: [BIRTH MONTH]

      __

  DAY OF MONTH
  PREVIOUS ANSWER: [BIRTH DAY]

      __

  BIRTH YEAR
  PREVIOUS ANSWER: [BIRTH YEAR]

      ____

-DOB-

What is [FIRST AND LAST NAME]'s date of birth?

(1) January   (5) May   (9) September
(2) February   (6) June   (10) October
(3) March   (7) July   (11) November
(4) April   (8) August   (12) December

ENTER MONTH: __

ENTER DAY: __

ENTER 4 DIGIT YEAR: ____

-DOBA-

Would you say [FIRST AND LAST NAME] is:

(1) [COMPUTED AGE] years of age?
(2) [COMPUTED AGE PLUS 1 YEAR MORE] years of age?
(N) Neither is correct

_

-VERAGE-

That would make [FIRST NAME AND LAST NAME] [AGE].
Is that correct?

(1) Yes, age is correct
(2) No, age is not correct

_

-AGEGES-

ENTER YOUR BEST ESTIMATE OF
[FIRST AND LAST NAME] AGE:

__

-OLDMS-

    Last time I recorded [FIRST AND LAST NAME]
    marital status as [MARITAL STATUS].
    Is that [HIS/HER] current marital status?

        (1) Yes
        (2) No

    _

-OLDSP-

    Last time I recorded that [FIRST AND LAST NAME] was
    married to [FIRST AND LAST NAME]. Is that currently correct?

        (1) Yes
        (2) No

    _

-MS-

    What is [FIRST AND LAST NAME]'s current Marital Status?

        (2) Married, SPOUSE ABSENT
        (3) Widowed
        (4) Divorced
        (5) Separated
        (6) Never married

    _

-LNSP-

    ENTER LINE NUMBER OF [FIRST AND LAST NAME] SPOUSE.
    ASK IF NECESSARY

        (N) No one listed

    _

-SPSSX1- (DO NOT READ TO RESPONDENT UNLESS NECESSARY)
        Is one of the following SEX entries incorrect?
LINE   PERSON   SEX
LINE   OTHER PERSON   SEX

        (1) To correct [PERSON NUMBER]'s SEX entry
        (2) To correct [SPOUSE]'s SEX entry
        (3) Neither SEX entry is incorrect

        _

-SPSSX2-

    You said [OTHER PERSON]
    is [FIRST AND LAST NAME]'s spouse.
    Is that correct?

        (1) Yes
        (2) No

        _

-EVRWID-
        HAS [FIRST AND LAST NAME] ever been widowed?

        (1) Yes
        (2) No

        _

-EVRDIV-
        HAS [FIRST AND LAST NAME] ever been divorced?

        (1) Yes
        (2) No

        _

-AFEVER-

    Did [FIRST AND LAST NAME] ever serve
    on active duty in the U.S. Armed Forces?

       (1) Yes
       (2) No

    _

-AFWHEN-

    When did [FIRST AND LAST NAME] serve on active duty?

    ENTER AS MANY TIME PERIODS AS APPLY.
    ENTER (N) AFTER LAST REPORTED PERIOD.

    FR PROMPT AFTER FIRST RESPONSE:
    Did [FIRST AND LAST NAME] serve on active duty any other times?

    (1) [AUGUST 1990 TO PRESENT (INCLUDING PERSIAN GULF WAR)]
    (2) [SEPTEMBER 1980 TO JULY 1990]
    (3) [MAY 1975 TO AUGUST 1980]
    (4) [VIETNAM ERA (AUG.'64 - APRIL '75)]
    (5) OTHER SERVICE (ALL OTHER PERIODS)]

      _AFSRV1 _AFSRV2 _AFSRV3 _AFSRV4 _AFSRV5

-AFNOW-

    IS [FIRST AND LAST NAME]
    now on active duty in the Armed Forces?

       (1) Yes
       (2) No

    _

-OLDED-

I have recorded that [FIRST AND LAST NAME]
highest level of school completed or
highest degree received is:
[LEVEL OF SCHOOL COMPLETED]
[PROGRAM COMPLETED]
Is that still correct?

(1) Yes
(2) No

_

-EDUCA- SHOW FLASHCARD B

What is the highest level of school [FIRST AND LAST NAME]
has completed or the highest degree received?

(31) Less than 1st grade   (44) Bachelors degree
(32) 1st,2nd,3rd or 4th grade   (For example: BA, AB, BS)
(33) 5th or 6th grade   (45) Master's degree (For example:
(34) 7th or 8th grade   MA, MS, MEng, MEd, MSW, MBA)
(35) 9th grade   (46) Professional School Degree (For
(36) 10th grade   example: MD,DDS,DVM,LLB,JD)
(37) 11th grade   (47) Doctorate degree
(38) 12th grade, no diploma   (For example: PhD, EdD)

(39) HIGH SCHOOL GRADUATE - high school DIPLOMA
      or equivalent (For example: GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational,technical,
      trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program   ___

-EDUCB-

HAS [FIRST AND LAST NAME] completed high school by
means of a GED or other equivalency test or program?

(1) Yes
(2) No

_

B1-41

-LNMOM-

Is [FIRST AND LAST NAME] mother a member of this household?

IF NO, ENTER (N)
IF YES, ENTER THE MOTHERS LINE NUMBER

_

-TYPMOM-

[PARENT'S FIRST AND LAST NAME] is the parent.

IS [FIRST AND LAST NAME] her
biological, step, adopted or foster child?

(1) Biological or natural
(2) Stepchild
(3) Adopted child
(4) Foster child

_

-TYPMOM2-

IS [FIRST AND LAST NAME] also
[PARENT'S FIRST AND LAST NAME]'s adopted child?

(1) Yes
(2) No

_

-LNDAD-

Is [FIRST AND LAST NAME] father a member of this household?

IF NO, ENTER (N)
IF YES, ENTER THE FATHERS LINE NUMBER

_

-TYPDAD-

    [PARENT'S FIRST AND LAST NAME] is the parent.

    IS [FIRST AND LAST NAME] his
    biological, step, adopted or foster child?

        (1) Biological or natural
        (2) Stepchild
        (3) Adopted child
        (4) Foster child

          _

-TYPDAD2-

    IS [FIRST AND LAST NAME] also
    [PARENT'S FIRST AND LAST NAME]'s adopted child?

        (1) Yes
        (2) No

     _

-STEPDAD-

    Is [FIRST AND LAST NAME] also his stepchild?

    (1) Yes
    (2) No

    _

-STEPMOM-

    Is [FIRST AND LAST NAME] also her stepchild?

    (1) Yes
    (2) No

    _

-OLDGRD-

I have listed that [ADULT'S FIRST AND LAST NAME] is
[FIRST AND LAST NAME] guardian.
Is that correct ?

    (1) Yes
    (2) No

   _

-LNGD-

Who in this household is responsible for
[FIRST AND LAST NAME]?

Enter (N) if not listed below.

   _

-NEWRACE-

  IF PERSONAL VISIT, SHOW FLASHCARD C
  Which of the categories (on this card) best
  describes [FIRST AND LAST NAME'S] race?

  IF TELEPHONE INTERVIEW, READ CATEGORIES TO RESPONDENT

    (1) White
    (2) Black
    (3) American Indian, Aleut, or Eskimo
    (4) Asian or Pacific Islander
    (5) Other Race

   _

-OTHRAC-

Enter the specific race reported.

   _____

-ORIGIN-   IF PERSONAL VISIT, SHOW FLASHCARD D
        What is [FIRST AND LAST NAME'S] origin or descent?
        (READ CATEGORIES IF NECESSARY FOR TELEPHONE INTERVIEWS)

(1) Canadian	(20) Mexican	(30) African-American or
(2) Dutch	(21) Mexican-American	Afro-American
(3) English	(22) Chicano	(31) American Indian,
(4) French	(23) Puerto Rican	Eskimo or Aleut
(5) French-Canadian	(24) Cuban	(32) Arab
(6) German	(25) Central American	(33) Asian
(7) Hungarian	(26) South American	(34) Pacific Islander
(8) Irish	(27) Dominican Republic	(35) West Indian
(9) Italian	(28) Other Hispanic	
(10) Polish		(39) Another group not listed
(11) Russian		
(12) Scandinavian		(40) American
(13) Scotch-Irish		
(14) Scottish		
(15) Slovak		
(16) Welsh		
(17) Other European	__	

-SSN-
        What is [FIRST AND LAST NAME]
        Social Security or Railroad Retirement Number?

            (N) None -- Doesn't have an SSN or RRN

            _____-___-_____

-CBSSN-
        This information is especially important to the survey.
        If I were to call you later do you think I might be able to
        get the information then?

            (1) Yes
            (2) No

            _

```
-------------------------------------------------------------------------
-CHANGE- FR NOTE:  PLEASE VERIFY THE INFORMATION DISPLAYED IS CORRECT;
           REVIEW AND MAKE ANY CORRECTIONS AS NEEDED.  IF ANY
           INFORMATION APPEARS TO BE INCORRECT, ASK:
           I need to verify some of the information I have
           collected for READ ROSTER NAME....
        (P)  All correct - Proceed
        OR Enter LINE NUMBER of person needing a CHANGE   _

     PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED


-------------------------------------------------------------------------
-CHG_WHAT-    What change is needed for:   [DEMOGRAPHIC ITEMS]

  (M)  Mistake -- no changes needed (4)  Race
  (2)  Name                             (5)  Origin
  (3)  Educational attainment           (6)  Social Security Number  _

     PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED


-------------------------------------------------------------------------
-FIXNAME-
        What is the name of the person living or staying
        here?  Please include middle and maiden names.
        PRESS ENTER IF NO MIDDLE OR MAIDEN NAME



     FIRST NAME          _____
     MIDDLE NAME          _____
     LAST NAME           _____
     MAIDEN NAME          _____

        Has he/she ever gone by any other last name?
        PRESS ENTER IF NO "OTHER" NAME

     OTHER NAME           _____
```

-FIXEDUC- [bold]SHOW FLASHCARD B

   What is the highest level of school [FIRST AND LAST NAME]
 has completed or the highest degree he/she has received?

(31) Less than 1st grade   (44) Bachelors degree
(32) 1st,2nd,3rd or 4th grade   (For example: BA, AB, BS)
(33) 5th or 6th grade   (45) Master's degree (For example:
(34) 7th or 8th grade   MA, MS, MEng, MEd, MSW, MBA)
(35) 9th grade   (46) Professional School Degree (For
(36) 10th grade   example: MD,DDS,DVM,LLB,JD)
(37) 11th grade   (47) Doctorate degree
(38) 12th grade, no diploma   (For example: PhD, EdD)

(39) HIGH SCHOOL GRADUATE - high school DIPLOMA
       or equivalent (For example: GED)
(40) Some college but no degree
(41) Diploma or certificate from a vocational,technical,
       trade or business school beyond the High School level
(42) Associate degree in college - Occupational/vocational program
(43) Associate degree in college - Academic program   __

-FIX_ED_B-

     Has [FIRST AND LAST NAME] completed high school by
     means of a GED or other equivalency test or program?

          (1) Yes
          (2) No

          _

-FIXRACE- SHOW FLASHCARD C

     Which of the categories on this card best describes
     [FIRST AND LAST NAME'S] race?

          (1) White
          (2) Black
          (3) American Indian, Aleut, or Eskimo
          (4) Asian or Pacific Islander
          (5) Other Race

          _

-FIX_ORAC-

    Enter the specific race reported.

       _____

-FIXORIG- SHOW FLASHCARD D

    Which of the categories on this card best describes
    [FIRST AND LAST NAME] origin or descent?

(1) Canadian	(20) Mexican	(30) African-American or
(2) Dutch	(21) Mexican-American	Afro-American
(3) English	(22) Chicano	(31) American Indian,
(4) French	(23) Puerto Rican	Eskimo or Aleut
(5) French-Canadian	(24) Cuban	(32) Arab
(6) German	(25) Central American	(33) Asian
(7) Hungarian	(26) South American	(34) Pacific Islander
(8) Irish	(27) Dominican Republic	(35) West Indian
(9) Italian	(28) Other Hispanic	
(10) Polish		(39) Another group not listed
(11) Russian		
(12) Scandinavian		(40) American
(13) Scotch-Irish		
(14) Scottish		
(15) Slovak		
(16) Welsh		
(17) Other European	__	

-FIXSSN-

    What is [FIRST AND LAST NAME]
    Social Security or Railroad Retirement Number?

      (N) None -- Doesn't have an SSN or RRN

      _____-___-_____

-CHG_MORE-   Are any more changes needed for: [DEMOGRAPHIC ITEMS]

      (1) Yes
      (2) No _

-FALLOUT-

    FR INSTRUCTION:
    ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW
    [NO LONGER LIVE IN THE HOUSEHOLD/ARE UNDER THE AGE OF
    15/ARE CURRENTLY SERVING IN THE ARMED FORCES]

    THIS HOUSEHOLD IS NOW CLASSIFIED A
    TYPE C NONINTERVIEW.

    IF THIS IS INCORRECT, DO THE FOLLOWING:
    [RESTART THE CASE IN CASE MANAGEMENT/PRESS F1;BACKUP
    AND VERIFY AGE IN THE AGECHK SCREEN/ PRESS F1; CHANGE
    ARMED FORCES STATUS IN THE AFNOW SCREEN]

    IF THIS INFORMATION IS CORRECT,
    PRESS ENTER TO CLOSE OUT THE CASE.

    _

Labor Force, Part 1 - Identifying Employers, Businesses Owned, etc.

-LFINTRO-

   These next questions are about [FIRST AND LAST NAME]
   work activities during the last four months, from [MONTH1] 1st until today,
   as shown on the calendar.

         SHOW FLASHCARD E

   ___

-OLDJOB-

   Last time we recorded that [[FIRST AND LAST NAME] [ALSO]
   worked for [NAME OF EMPLOYER]. [DO/DOES] [HE/SHE]
   still work for [NAME OF EMPLOYER]?

   (1) Yes
   (2) No
   (N) Never had that job

   ___

-LEAVJ-

   When did [FIRST AND LAST NAME] leave that job?

   If the respondent left the job before [MONTH1]
   of the reference period, enter a (B).

   Month:___
   Day: ___

-W2ENDJMTH-

   What is your best estimate of the month
   when [FIRST AND LAST NAME] ended employment with
   [NAME OF EMPLOYER]?

   If the respondent left the job before [MONTH1] of
   the reference period, enter a (B).

   MONTH ___

-W2ENDJDY-

What is your best estimate of the day of the month when
[FIRST AND LAST NAME] ended employment with
[NAME OF EMPLOYER]?

DAY ___

-W2RSEND-

What is the main reason [HE/SHE] stopped working
for [NAME OF EMPLOYER]?

(1)   On Layoff
(2)   Retirement or old age
(3)   Childcare problems
(4)   Other family/personal obligations
(5)   Own Illness
(6)   Own Injury
(7)   School/Training
(8)   Discharged/Fired
(9)   Employer Bankrupt
(10)   Employer sold business
(11)   Job was temporary and ended
(12)   Quit to take another job
(13)   Slack work or business conditions
(14)   Unsatisfactory work arrangements (hours, pay, etc.)
(15)   Quit for some other reason

___

-W2WCYN1-

Between [MONTH1] 1st and today, did [HE/SHE]
receive any money from workers' compensation as a result
of any kind of job-related injury or illness from this
job or any other job?

(1) Yes
(2) No

___

-W2UECYN1-

Between [MONTH1] 1st and today, did [HE/SHE]
receive any type of unemployment payments related
to this job or any other job?

(1) Yes
(2) No

___

-W2UECYNTP1-

What type was it?

ENTER (N) FOR NO MORE

(1) Regular
(2) Supplemental
(3) Other, including union benefits

___   ___   ___

-OLDBUS-

Last time we recorded that [FIRST AND LAST NAME] [ALSO]
had the business [NAME OF BUSINESS]. [DO/DOES] [HE/SHE]
still have that business?

(1) Yes
(2) No
(N) Never had that business

___

-LEAVB-

When did [FIRST AND LAST NAME] give up that business?

If the respondent left business before [MONTH1]
of the reference period, enter a (B).

Month:___
Day: ___

-W2ENDBMTH-

What is your best estimate of the last month
when [FIRST AND LAST NAME] [WAS/WERE] self-employed
in this business, professional practice, or farm?

If the respondent left business job before [MONTH1] of
the reference period, enter a (B).

MONTH   ___

-W2ENDBDY-

What is your best estimate of the last day when
[FIRST AND LAST NAME] [WAS/WERE] self-employed in this
business, professional practice, or farm?

DAY   ___

-W2RENDB-

(BUSINESS = [NAME OF BUSINESS])

What is the main reason [HE/SHE] gave up or ended
this business (professional practice or farm)?

(1) Retirement or old age
(2) Childcare Problems
(3) Other Family/Personal Problems
(4) Own Illness
(5) Own Injury
(6) School/Training
(7) Went Bankrupt/Business Failed
(8) Sold Business or Transferred Ownership
(9) To start other business/take job
(10) Season ended for a Seasonal Business
(11) Quit for Some Other Reason

     ___

-W2OENDB-

ENTER THE SPECIFIC "OTHER" REASON ENDED BUSINESS

_____

B1-53

-W2WCYN2-

Between [MONTH1] 1st and today, did [HE/SHE] receive any
money from workers' compensation as a result of any kind of
job-related injury or illness?

(1) Yes
(2) No

___

-W2PDJBTHN-

In addition to [HIS/HER] work with ...(READ LIST ABOVE),
did [FIRST AND LAST NAME] have at least one other paid job,
either full or part time, at any time between [MONTH1] 1st
and today?

(1) Yes
(2) No
(3) Not sure or Don't know

___

-W2NOPDJB-

Did [FIRST AND LAST NAME] do any other work at all
that earned some money?

(1) Yes
(2) No

___

-W2JBORSE-

Was that additional work for an employer or [WAS/WERE]
[FIRST AND LAST NAME] self-employed at it or both?

(1) Employer
(2) Self-Employed
(3) Both
(4) Not Sure or Don't know

___

-W2UNPAID-

Did [FIRST AND LAST NAME] do any unpaid work in a
family business or farm?

(1) Yes
(2) No

___

-W2EMPNUM-

How many employers did [FIRST AND LAST NAME]
have between [MONTH1] 1st and today?

___

-PDJBTHN-

Did [FIRST AND LAST NAME] have at least one paid job, either full or
part time, at anytime between [MONTH1] 1st and today?

[COUNT ACTIVE DUTY IN THE ARMED FORCES AS A PAID JOB]

(1) Yes
(2) No

___

-NOPDJB-

Did [FIRST AND LAST NAME] do any work at all that
earned some money?

(1) Yes
(2) No

___

-JBORSE-

Was that for an employer or [WAS/WERE]
[FIRST AND LAST NAME] self-employed or did [HE/SHE]
have some other arrangement?

(INTERVIEWER NOTE: Other arrangements include odd jobs,
on-call work, day labor, one-time jobs, and informal
arrangements like babysitting, lawn mowing, or leaf raking
for neighbors.)

(1) Employer
(2) Self-Employed
(3) Both
(4) Some other arrangement
(5) Not Sure or Don't know

___

-UNPAID-

Did [FIRST AND LAST NAME] do any unpaid work
in a family business or farm?

(1) Yes
(2) No

___

-NOWRK-

What is the main reason [FIRST AND LAST NAME] did not work
at a job or business between [MONTH1] 1st and today?

(1) Temporarily unable to work because of an injury
(2) Temporarily unable to work because of an illness
(3) Unable to work because of chronic health condition
    or disability
(4) Retired
(5) Pregnancy/childbirth
(6) Taking care of children/other persons
(7) Going to school
(8) Unable to find work
(9) On layoff (temporary or indefinite)
(10) Not interested in working at a job
(11) Other

_____

-ONOWRK-

ENTER THE SPECIFIC "OTHER" REASON DID NOT WORK

_____

-WCYN3-

Between [MONTH1] 1st and today, did [HE/SHE] receive any
money from workers' compensation as a result of any kind of job-
related injury or illness?

(1) Yes
(2) No

_____

-UECYN3-

Between [MONTH1] 1st and today, did [HE/SHE] receive
any type of unemployment payments?

(1) Yes
(2) No

___

-UECYNTP3-

What type was it?
ENTER (N) FOR NO MORE

(1) State unemployement compensation
(2) Supplemental unemployment benefits
(3) Other (strike pay, union benefits, Trade
       Adjustment Act benefits, etc.)

___   ___   ___

-LAYOFF-

Did [FIRST AND LAST NAME] spend any time on layoff from a
job since [MONTH1] 1st?

(1) Yes
(2) No

___

-LAYDT-

When [FIRST AND LAST NAME] [WAS/WERE] laid off,
did [HIS/HER] employer give [HIM/HER] a date
to return to work?

(1) Yes
(2) No

___

-LAY6M-

[WAS/WERE] [HE/SHE] given any indication
that [HE/SHE] would be recalled to work within
6 months of being laid off?

(1) Yes
(2) No

___

-LKWRK-

Did [FIRST AND LAST NAME] spend any time looking for work
since [MONTH1] 1st?

(1) Yes
(2) No

___

-WKSLKG-

In which weeks [WAS/WERE] [FIRST AND LAST NAME]
[LOOKING FOR WORK/ON LAYOFF FROM A JOB] ?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY ONE DAY
OF THAT WEEK WAS SPENT LOOKING OR ON LAYOFF.
ENTER (A) IF ALL WEEKS.
ENTER (N) AFTER LAST REPORTED WEEK

[WEEK1]   [WEEK7]   [WEEK13]
[WEEK2]   [WEEK8]   [WEEK14]
[WEEK3]   [WEEK9]   [WEEK15]
[WEEK4]   [WEEK10]   [WEEK16]
[WEEK5]   [WEEK11]   [WEEK17]
[WEEK6]   [WEEK12]   [WEEK18]

___   ___   ___   ___   ___   ___
___   ___   ___   ___   ___   ___
___   ___   ___   ___   ___   ___

-TAKJOB-

    Could [FIRST AND LAST NAME] have started a job during any
    of those weeks if one had been offered or could
    [HE/SHE] have returned to work if [HE/SHE]
    had been recalled?
    [OR]
    Could [FIRST AND LAST NAME] have started a job during any of
    those weeks if one had been offered?
    [OR]
    Could [FIRST AND LAST NAME] have returned to work during
    any of those weeks if [HE/SHE] had been recalled?

    (1) Yes
    (2) No

    ___

-NOTAKE-

    Why was that?

    (1) Waiting for a new job to begin
    (2) Own temporary illness
    (3) School
    (4) Other

    ___

-EMPNUM-

    How many employers did [FIRST AND LAST NAME] have
    between [MONTH1] 1st and today?

    ___

-CONCHK1-

    Did [FIRST AND LAST NAME] have a definite arrangement with
    one or more employers to work on an ongoing basis?

    (1) Yes
    (2) No
    (3) Not Sure or Don't Know

    ___

-EMPNUM2-

    How many employers did [FIRST AND LAST NAME] have
    between [MONTH1] 1st and today?

    ___

-EMPNUM2A-

    How many employers did [FIRST AND LAST NAME] have
    between [MONTH1] 1st and today?

    Enter "N" for None.

    ___

-CONCHK2-

    Did [FIRST AND LAST NAME] have a definite arrangement with
    any of [HIS/HER] [NUMBER OF EMPLOYERS] employers
    to work on an ongoing basis?

    (1) Yes
    (2) No
    (3) Not Sure or Don't Know

    ___

-WRKTYPE-

     Did [FIRST AND LAST NAME] generally do the same type of work for
     [HIS/HER] [NUMBER OF JOBS] employers?
     (READ IF NECESSARY: For example: construction work, private
     household work, sales, consulting.)

     (1) Yes
     (2) No

     ___

-EMPNAM-

     What is the name of [ONE OF THE EMPLOYERS/ANOTHER EMPLOYER]
     [FIRST AND LAST NAME] [HAD AT SOMETIME SINCE MONTH 1ST]?

     ___

-STRTJB-

     Did [FIRST AND LAST NAME] begin [HIS/HER] employment
     with [NAME OF EMPLOYER] at some time between [MONTH1] 1st
     and today?

     (1) Yes
     (2) No

     ___

-STRTREFP-

     Please tell me the month and day [FIRST AND LAST NAME]
     began.

     MONTH: ___
     DAY: ___

-STRTBEFR-

     Please tell me the year [FIRST AND LAST NAME] began.

     YEAR: ____

-STRTMONJB-

      And in what month was that?

      MONTH: ___

-STRTJYR-

      What is your BEST estimate of the year
      [FIRST AND LAST NAME] began?

      YEAR ____

-STRTJMTH-

      What is your BEST estimate of the month
      [FIRST AND LAST NAME] began?

      MONTH   ___

-STRTJDY-

      What is your BEST estimate of the day of the month
      when [FIRST AND LAST NAME] began?

      DAY   ___

-BEFORE-

      Was it before [MONTH1] 1st?

      (1) Yes
      (2) No

      ___

-STLEMP-

     [DO/DOES] [HE/SHE] still work for this employer?

     (1) Yes
     (2) No

     ___

-ENDJB-

     When did [HIS/HER] employment with
     [NAME OF EMPLOYER] end?

     MONTH   ___
     DAY   ___

-ENDJMTH-

     What is your best estimate of the month
     when [FIRST AND LAST NAME] ended employment with
     [NAME OF EMPLOYER]?

     MONTH   ___

-ENDJDY-

     What is your best estimate of the day of the month when
     [FIRST AND LAST NAME] ended employment with
     [NAME OF EMPLOYER]?

     DAY ___

-RSEND-

What is the main reason [HE/SHE] stopped working
for [NAME OF EMPLOYER]?

(1) On Layoff
(2) Retirement or old age
(3) Childcare problems
(4) Other family/personal obligations
(5) Own Illness
(6) Own Injury
(7) School/Training
(8) Discharged/Fired
(9) Employer Bankrupt
(10) Employer sold business
(11) Job was temporary and ended
(12) Quit to take another job
(13) Slack work or business conditions
(14) Unsatisfactory work arrangements (hours, pay, etc.)
(15) Quit for some other reason

___

-WCYN1-

Between [MONTH1] 1st and today, did [HE/SHE] receive any
money from workers' compensation as a result of any kind of job-
related injury or illness from this job or any other job?

(1) Yes
(2) No

___

-UECYN1-

Between [MONTH1] 1st and today, did [HE/SHE]
receive any type of unemployment payments related
to this job or any other job?

(1) Yes
(2) No

___

-UECYNTP1-

What type was it?

ENTER (N) FOR NO MORE

(1) Regular
(2) Supplemental
(3) Other, including union benefits

___   ___   ___

-W2ALLBUSNUM-

How many businesses did [FIRST AND LAST NAME] have,
alone or jointly, between [MONTH1] 1st and today?

___

FR NOTE:
CONSIDER A PROFESSIONAL PRACTICE OR A FARM
TO BE A BUSINESS.

-ALLBUSNUM-

How many businesses did [FIRST AND LAST NAME]
have, alone or jointly, between [MONTH1] 1st
and today?

___

FR NOTE:
CONSIDER A PROFESSIONAL PRACTICE OR A FARM
TO BE A BUSINESS.

-ADVRTS-

Did [FIRST AND LAST NAME] use paid advertising
for any of these businesses?

(1) Yes
(2) No

___

-POB-

Did [FIRST AND LAST NAME] maintain an office, store,
or other place of business?

(1) Yes
(2) No

___

-CAPITAL-

Did [FIRST AND LAST NAME] use specialized equipment
for any of these businesses?

(1) Yes
(2) No

___

-ALLBUS-

What is the name of [THE BUSINESS/PRACTICE/FARM]
[OWNED BETWEEN MONTH1 1ST AND TODAY]?

_____

-REALBIZ-

Did [FIRST AND LAST NAME] take an active part in
this business or did [HE/SHE] own it
as an investment only?

(1) Active participant
(2) Both participant and investment
(3) Investment only

___

-STRTBUS-

      Did [FIRST AND LAST NAME] start [NAME OF BUSINESS]
      at some time between [MONTH1] 1st and today?

      (1) Yes
      (2) No

     ___

-STRTBSRP-

      Please tell me the month and day [FIRST AND LAST NAME]
      started this business.

      MONTH: ___
      DAY: ___

-STRTBSBF-

      Please tell me the year [FIRST AND LAST NAME] started
      this business.

      YEAR: ____

-STRTMONBS-

      And in what month was that?

      MONTH: ___

-STRTBYR-

      (BUSINESS = [NAME OF BUSINESS])

      What is your BEST estimate of the year when
      [FIRST AND LAST NAME] started this business?

      YEAR ____

-STRTBMTH-

    (BUSINESS = [NAME OF BUSINESS])

    What is your BEST estimate of the month
    when [FIRST AND LAST NAME] started this business?

    MONTH   ___

-STRTBDY-

    (BUSINESS = [NAME OF BUSINESS])

    What is your BEST estimate of the day of the month
    when [FIRST AND LAST NAME] started this business?

    DAY   ___

-BEFORE2-

    Was it before [MONTH1] 1st?

    (1) Yes
    (2) No

    ___

-BIZNOW-

    [DO/DOES] [FIRST AND LAST NAME] still own this business?

    (1) Yes
    (2) No

    ___

-ENDBS-

    When was the last day that [FIRST AND LAST NAME]
    had this business?

    MONTH   ___
    DAY   ___

-ENDBMTH-

       What is your best estimate of the last month
       when [FIRST AND LAST NAME] [WAS/WERE] self-employed in
       this business (professional practice/farm)?

       MONTH   ___

-ENDBDY-

       What is your best estimate of the last day when
       [FIRST AND LAST NAME] [WAS/WERE] self-employed in
       this business (professional practice/farm)?

       DAY   ___

-RENDB-

       (BUSINESS = [NAME OF BUSINESS])

       What is the main reason [HE/SHE] gave up or ended
       this business (professional practice or farm)?

       (1) Retirement or old age
       (2) Childcare Problems
       (3) Other Family/Personal Problems
       (4) Own Illness
       (5) Own Injury
       (6) School/Training
       (7) Went Bankrupt/Business Failed
       (8) Sold Business or Transferred Ownership
       (9) To start other business/take job
       (10) Season ended for a Seasonal Business
       (11) Quit for Some Other Reason

       ___

-OENDB-

       ENTER THE SPECIFIC "OTHER" REASON ENDED BUSINESS

       _____

-WCYN2-

>Between [MONTH1] 1st and today, did [HE/SHE] receive any
>money from workers' compensation as a result of any kind of job-
>related injury or illness?

>(1) Yes
>(2) No

>___

-LNGJOB-

>For which of these [NUMBER OF EMPLOYERS] employers
>did [HE/SHE] work the most hours between
>[MONTH1] 1st and today?

>___

-LNGJOB2-

>For which of these [NUMBER OF JOBS] employers
>did [HE/SHE] work the next most hours between
>[MONTH1] 1st and today?

>___

-INTRJ-

>The next questions refer to [FIRST AND LAST NAME]
>employment with [NAME OF EMPLOYER].

>PRESS ENTER TO CONTINUE

>___

-JBDTY-

      (EMPLOYER = [NAME OF EMPLOYER])

      Did [HIS/HER] main activities or duties on the
      job with [NAME OF EMPLOYER] change between [MONTH1] 1st
      and the time [HE/SHE] left the job?

      (1) Yes
      (2) No

      ___

-JBDUTY-

      (EMPLOYER = [NAME OF EMPLOYER])

      Have [FIRST AND LAST NAME] main activities or duties on
      the job with [NAME OF EMPLOYER] changed since [MONTH1]?

      (1) Yes
      (2) No

      ___

-CLWRK-

      ASK OR VERIFY

      [IS/WAS] [NAME OF EMPLOYER]:

      (1) A Government organization (includes Armed Forces)
      (2) A Private, For Profit, Company
      (3) A Non-Profit Organization, including tax exempt
          and charitable organizations
      (4) A family business or farm

      ___

-FAMWRK-

     [ARE/IS, WAS/WERE] [FIRST AND LAST NAME] paid for [HIS/HER]
     work in the family business or farm?

     (1) Yes
     (2) No

     ___

-KINDG-

     (EMPLOYER = [NAME OF EMPLOYER])

     ASK OR VERIFY
     [IS/WAS] that Federal Government, State Government,
     or Local Government or active-duty Armed Forces?

     (1) Federal (civilian only)
     (2) State
     (3) Local (County, City, Township)
     (4) Armed Forces (active duty only)

     ___

-FNCGV-

     (EMPLOYER = [NAME OF EMPLOYER])

     What [IS/WAS] the main function or activity of the
     government organization that [FIRST AND LAST NAME]
     worked for?

     _____

-KNDIN-

     (EMPLOYER = [NAME OF EMPLOYER])

     What [KIND OF BUSINESS/INDUSTRY/ORGANIZATION] [IS/WAS]:

     _____

-TYPIN-

      (EMPLOYER = [NAME OF EMPLOYER])

      ASK OR VERIFY
      [IS/WAS] it mainly --

      (1) Manufacturing
      (2) Wholesale Trade
      (3) Retail Trade
      (4) Service
      (5) Or Something Else?

      ___

-KNDWK-

      (EMPLOYER = [NAME OF EMPLOYER])

      What kind of work [ARE/IS] [HE/SHE][DOING FOR/DOING ON THIS JOB], that is, what
      [IS/WAS] [HIS/HER] occupation?
      READ IF NECESSARY: For example: Bookkeeper, plumber, press operator

      _____

-ACTVT-

      (EMPLOYER = [NAME OF EMPLOYER])

      What [ARE/WERE] [HIS/HER] usual activities or [DUTIES/DUTIES ON THIS JOB]?
      READ IF NECESSARY: For example: Keeping account books, repairing pipes, operating printing
      press

      _____

-JOBHRS-

      (EMPLOYER = [NAME OF EMPLOYER])

      During the weeks that [FIRST AND LAST NAME] worked between
      [DATE STARTED JOB] and [TIME LEFT JOB], how many hours per week did [HE/SHE]usually
      work at all [JOB-RELATED ACTIVITIES/ACTIVITIES FOR NAME OF EMPLOYER]?

      ___

-PAYHR-

      (EMPLOYER = [NAME OF EMPLOYER])

      [ARE/IS, WAS/WERE] [HE/SHE] paid by the hour?

      (1) Yes
      (2) No

      ___

-PYRAT-

      (EMPLOYER = [NAME OF EMPLOYER])

      What was [HIS/HER] regular hourly pay rate
      [AT THE END OF/AT THAT TIME]?

      ___ Dollars and ___ Cents

-PYPER-

      (EMPLOYER = [NAME OF EMPLOYER])

      How often [ARE/IS, WAS/WERE] [HE/SHE] paid?

      (READ CATEGORIES IF NECESSARY)

      (1) Once a week
      (2) Once every 2 weeks
      (3) Once a month
      (4) Twice a month
      (5) Unpaid in a family business or farm
      (6) On commission
      (7) Some other way

      ___

-OTHPY-
    (EMPLOYER = [NAME OF EMPLOYER])

    SPECIFY THE "OTHER" PAY PERIOD

    _____

-LSTPY-
    (EMPLOYER = [NAME OF EMPLOYER])

    On what date [WAS/WERE][FIRST AND LAST NAME] last paid?

    (N) Not yet paid

    MONTH   ___
    DAY   ___

-UNION-
    (EMPLOYER = [NAME OF EMPLOYER])

    [ON THIS JOB] [ARE/IS, WAS/WERE] [FIRST AND LAST NAME]
    a member of a labor union or employee association
    like a union?

    (1) Yes
    (2) No

    ___

-CNTRC-
    (EMPLOYER = [NAME OF EMPLOYER])

    [ARE/IS, WAS/WERE] [HE/SHE] covered by a union
    or employee association contract?

    (1) Yes
    (2) No

    ___

-EMPLOC-

    (ASK IF NECESSARY)

    [DOES/DID] [NAME OF EMPLOYER] operate in
    more than one location?

    (1) Yes
    (2) No

    ___

-EMPSIZE-

    About how many persons [ARE/WERE] employed by
    [EMPLOYER/LOCATION] [EMPLOYEE WORKS/WORKED]?

    (READ CATEGORIES IF NECESSARY)

    (1) Under 25
    (2) 25 to 99
    (3) 100 to 499
    (4) 500 to 999
    (5) 1,000 or more

    ___

-BIGBUS-

    NOTE TO FR: ANSWERS ARE LIMITED TO THE BUSINESSES DISPLAYED
    BELOW WHICH WERE OPERATED DURING THE REFERENCE PERIOD.

    I recorded that [FIRST AND LAST NAME] had [NUMBER OF BUSINESSES] businesses between
    [MONTH1] 1st and the end of [MONTH4].
    Which 2 of these businesses produced the highest earnings before expenses during this time period?

    ___   ___

-INTRB-

      The next questions refer to the business
      [NAME OF BUSINESS].

      PRESS ENTER TO CONTINUE

      ___

-BSDTY-

      (BUSINESS = [NAME OF BUSINESS])

      Did [HIS/HER] main activities or duties of this
      business change between [MONTH1] 1st and the time
      [HE/SHE] left the business?

      (1) Yes
      (2) No

      ___

-BSDUTY-

      (BUSINESS = [NAME OF BUSINESS])

      Have [FIRST AND LAST NAME] main activities or duties for
      this business changed since [MONTH1] 1st?

      (1) Yes
      (2) No

      ___

-KNDBS-

      (BUSINESS = [NAME OF BUSINESS])

      What kind of business [IS/WAS] this?
      READ IF NECESSARY: What [DOES/DID] the
      business do or make?

      _____

-TYPBS-

      (BUSINESS = [NAME OF BUSINESS])

      ASK OR VERIFY
      [IS/WAS] [THIS/THIS BUSINESS] mainly --

      (1) Manufacturing
      (2) Wholesale Trade
      (3) Retail Trade
      (4) Service
      (5) Or Something Else?

      ___

-OCCBS-

      (BUSINESS = [NAME OF BUSINESS])

      What kind of work [DO/DOES] [FIRST AND LAST NAME] do,
      that is, what [IS/WAS] [HIS/HER] occupation?
      READ IF NECESSARY: For example: sales manager, dentist, farmer

      _____

-DUTYB-

      (BUSINESS = [NAME OF BUSINESS])

      What [ARE/WERE] [HIS/HER] usual activities
      or duties in [THESE BUSINESSES/THIS BUSINESS]?
      READ IF NECESSARY: For example: managing sales staff,
      repairing teeth, farming

      _____

-HRSBS-

      (BUSINESS = [NAME OF BUSINESS])

      During the weeks [FIRST AND LAST NAME] worked between
      [DATE STARTED JOB] and [TIME LEFT JOB], how many
      hours per week did [FIRST AND LAST NAME] usually
      work AT ALL ACTIVITIES for [NAME OF BUSINESS]?

      ___

-GRSSB-

      (BUSINESS = [NAME OF BUSINESS])

      Do you think the earnings before expenses from
      [THIS BUSINESS/THESE BUSINESSES] were $2500 or more over the
      [TIME/LAST 12 MONTHS] that [HE/SHE] [OWNED] [THE BUSINESS/
      THESE BUSINESSES]?

      (1) Yes
      (2) No

      ___

-GROSB-

      (BUSINESS = [NAME OF BUSINESS])

      Do you think that the earnings before expenses from
      [THIS BUSINESS/THESE BUSINESSES] will be $2500 or more during the next
      12 months?

      (1) Yes
      (2) No

      ___

-LSTBS-

Have questions about the number of employees, and whether or not the business is incorporated, already been answered by somebody for this business: [NAME OF BUSINESS]?

(1) Yes
(2) No

___

-EMPB-

(BUSINESS = [NAME OF BUSINESS])

Between [DATE STARTED JOB] and [TIME LEFT JOB],
what was the maximum number of employees,
including [FIRST AND LAST NAME], working for this business
at any one time?
READ IF NECESSARY:

(1) Under 25
(2) 25 to 99
(3) 100 to 499
(4) 500 to 999
(5) 1,000 or more

___

-INCPB-

(BUSINESS = [NAME OF BUSINESS])

[IS/WAS] this business incorporated?

(1) Yes
(2) No

___

```
-------------------------------------------------------------------------
```
-PROPB-

      (BUSINESS = [NAME OF BUSINESS])

      [DO/DOES] [FIRST AND LAST NAME] own this business [HIMSELF/HERSELF]
      or [IS/WAS] it a partnership?

      (1) Alone
      (2) Partnership

      ___

```
-------------------------------------------------------------------------
```
-HPRTB-

      (BUSINESS = [NAME OF BUSINESS])

      [IS/WAS] any other member of this household
      an owner or partner in this business?

      (1) Yes
      (2) No

      ___

```
-------------------------------------------------------------------------
```
-PARTB-

      (BUSINESS = [NAME OF BUSINESS])

      Who [IS/WAS] that?

      (N) No More

      ___   ___   ___

```
-------------------------------------------------------------------------
```
-SLRYB-

      (BUSINESS = [NAME OF BUSINESS])

      [DO/DOES/DID] [FIRST AND LAST NAME] draw a
      regular salary from this business?

      (1) Yes
      (2) No

      ___

-OINCB-

      (BUSINESS = [NAME OF BUSINESS])

      Did [FIRST AND LAST NAME] receive any [OTHER]
      income from this business between [MONTH1] 1st
      and the end of [MONTH4]?

      (1) Yes
      (2) No

      ___

-CONWKSWRK-

      Please look at the calendar. In which weeks did
      [FIRST AND LAST NAME] work at a job or business or do
      any work at all for pay or profit?
      ENTER THE NUMBERS OF THE WEEKS
      ENTER (A) IF ALL WEEKS
      ENTER (N) FOR NONE/NO MORE WEEKS TO ENTER

[WEEK1]	[WEEK7]	[WEEK13]
[WEEK2]	[WEEK8]	[WEEK14]
[WEEK3]	[WEEK9]	[WEEK15]
[WEEK4]	[WEEK10]	[WEEK16]
[WEEK5]	[WEEK11]	[WEEK17]
[WEEK6]	[WEEK12]	[WEEK18]

   ___   ___   ___   ___   ___   ___

   ___   ___   ___   ___   ___   ___

   ___   ___   ___   ___   ___   ___

-FPAWOP-

      HAND RESPONDENT THE CALENDAR

      Now, consider ALL [HIS/HER] work
      [FROM ALL JOBS AND BUSINESSES]
      during this period.

      Between [MONTH1] 1st and the end of [MONTH4],
      were there any full weeks, Sunday through Saturday,
      when [FIRST AND LAST NAME] did not work at all?

      (1) Yes
      (2) No

      ___

-FPAWAY-

      Did [FIRST AND LAST NAME] get paid for ALL those weeks [HE/SHE]
      did not work?

      (1) Yes
      (2) No

      ___

-FPABWK-

      Please look at the calendar. Which weeks [WAS/WERE]
      [FIRST AND LAST NAME] absent the whole week without pay?
      ENTER THE NUMBERS OF THE WEEKS ABSENT
      ENTER (A) IF ALL WEEKS
      ENTER (N) AFTER LAST WEEK IS ENTERED

      [WEEK1]   [WEEK7]   [WEEK13]
      [WEEK2]   [WEEK8]   [WEEK14]
      [WEEK3]   [WEEK9]   [WEEK15]
      [WEEK4]   [WEEK10]   [WEEK16]
      [WEEK5]   [WEEK11]   [WEEK17]
      [WEEK6]   [WEEK12]   [WEEK18]

      ___   ___   ___   ___   ___   ___
      ___   ___   ___   ___   ___   ___
      ___   ___   ___   ___   ___   ___

-FPABRE-

What was the main reason [FIRST AND LAST NAME] [WAS/WERE]
absent without pay during those weeks?

(1) On layoff (temporary or indefinite)
(2) Slack work or business conditions
(3) Own injury
(4) Own illness/medical problems
(5) Pregnancy/childbirth
(6) Taking care of children
(7) On vacation/personal days
(8) Bad weather
(9) Labor dispute
(10) New job to begin within 30 days
(11) Participated in a job-sharing arrangement
(12) Other

___

-FPOTHR-

ENTER THE SPECIFIC "OTHER" REASON ABSENT WITHOUT PAY

_____

-WCYN4-

Did [HE/SHE] receive any money from workers' compensation
as a result of any kind of job-related injury or illness?

(1) Yes
(2) No

___

-UECYN4-

Did [HE/SHE] receive any type of unemployment
payments?

(1) Yes
(2) No

___

B1-85

-UECYNTP4-

What type was it?
ENTER (N) FOR NO MORE

(1) State unemployment compensation
(2) Supplemental unemployment benefits
(3) Other (strike pay, union benefits, Trade
     Adjustment Act benefits, etc)

___   ___   ___

-PPAWOP-

HAND RESPONDENT THE CALENDAR
Between [MONTH1] 1st and the end of [MONTH4], there were
some weeks when [HE/SHE] did not have a job or business, and
some weeks when [HE/SHE] did. During the weeks when
[HE/SHE] DID have one, were there any FULL weeks, Sunday
through Saturday, when [HE/SHE] did not work at all?

IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM,
READ THE RESPONDENT THE FOLLOWING WEEKS:

[WEEK1]   [WEEK2]   [WEEK3]
[WEEK4]   [WEEK5]   [WEEK6]
[WEEK7]   [WEEK8]   [WEEK9]
[WEEK10]   [WEEK11]   [WEEK12]
[WEEK13]   [WEEK14]   [WEEK15]
[WEEK16]   [WEEK17]   [WEEK18]

(1) Yes
(2) No

___

-PPAWAY-

Did [FIRST AND LAST NAME] get paid for ALL those weeks
[HE/SHE] did not work?

(1) Yes
(2) No

___

-PPABWK-

Please look at the calendar. Which of these weeks [WAS/WERE]
[HE/SHE] absent the whole week without pay?
ENTER THE NUMBERS OF THE WEEKS ABSENT
ENTER (A) IF ALL WEEKS
ENTER (N) AFTER LAST WEEK IS ENTERED

[WEEK1]   [WEEK2]   [WEEK3]
[WEEK4]   [WEEK5]   [WEEK6]
[WEEK7]   [WEEK8]   [WEEK9]
[WEEK10]   [WEEK11]   [WEEK12]
[WEEK13]   [WEEK14]   [WEEK15]
[WEEK16]   [WEEK17]   [WEEK18]

___   ___   ___   ___   ___   ___

___   ___   ___   ___   ___   ___

___   ___   ___   ___   ___   ___

-PPABRE-

What was the main reason [FIRST AND LAST NAME] [WAS/WERE]
absent without pay during those weeks?

(1) On layoff (temporary or indefinite)
(2) Slack work or business conditions
(3) Own injury
(4) Own illness/medical problems
(5) Pregnancy/childbirth
(6) Taking care of children
(7) On vacation/personal days
(8) Bad weather
(9) Labor dispute
(10) New job to begin within 30 days
(11) Participated in a job-sharing arrangement
(12) Other

___

-WCYN5-

      Did [HE/SHE] receive any money from workers' compensation
      as a result of any kind of job-related injury or illness?

      (1) Yes
      (2) No

      ___

-UECYN5-

      Did [HE/SHE] receive any type of unemployment
      payments?

      (1) Yes
      (2) No

      ___

-UECYNTP5-

      What type was it?
      ENTER (N) FOR NO MORE

      (1) State unemployment compensation
      (2) Supplemental unemployment benefits
      (3) Other (strike pay, union benefits, Trade
            Adjustment Act benefits, etc.)

      ___   ___   ___

-PPLOOK-

    Now let's talk about the weeks between [MONTH1] 1st and
    the end of [MONTH4] when [FIRST AND LAST NAME] did NOT
    have a job or a business.

    During THOSE weeks, did [HE/SHE] spend any time
    on layoff from a job?

    IF THE RESPONDENT NEEDS TO KNOW WHAT CALENDAR WEEKS TO CHOOSE FROM,
    READ THE RESPONDENT THE FOLLOWING WEEKS:

    [WEEK1]   [WEEK2]   [WEEK3]
    [WEEK4]   [WEEK5]   [WEEK6]
    [WEEK7]   [WEEK8]   [WEEK9]
    [WEEK10]   [WEEK11]   [WEEK12]
    [WEEK13]   [WEEK14]   [WEEK15]
    [WEEK16]   [WEEK17]   [WEEK18]

    (1) Yes
    (2) No

    ___

-PPLAYDT-

    When [FIRST AND LAST NAME] [WAS/WERE] laid off, did
    [HIS/HER] employer give [HIM/HER] a date
    to return to work?

    (1) Yes
    (2) No
    ___

-PPLAY6M-

    [WAS/WERE] [HE/SHE] given any indication
    that [HE/SHE] would be recalled to work within 6
    months of being laid off?

    (1) Yes
    (2) No

    ___

-PPLKWRK-

During the weeks when [HE/SHE] did not have a job
or business, did [FIRST AND LAST NAME] spend any time looking
for work?
[OR]
During those weeks did [FIRST AND LAST NAME] spend any time
looking for work?

(1) Yes
(2) No

___

-PPLKWK-

In which of those weeks [WAS/WERE][FIRST AND LAST NAME]
[LOOKING FOR WORK/ON LAYOFF FROM A JOB]?

ENTER THE NUMBERS BESIDE THE WEEKS, EVEN IF ONLY
ONE DAY OF THAT WEEK WAS SPENT LOOKING OR ON LAYOFF.
ENTER (A) IF ALL WEEKS
ENTER (N) AFTER LAST REPORTED WEEK

[WEEK1]   [WEEK2]   [WEEK3]
[WEEK4]   [WEEK5]   [WEEK6]
[WEEK7]   [WEEK8]   [WEEK9]
[WEEK10]   [WEEK11]   [WEEK12]
[WEEK13]   [WEEK14]   [WEEK15]
[WEEK16]   [WEEK17]   [WEEK18]

___   ___   ___   ___   ___   ___
___   ___   ___   ___   ___   ___
___   ___   ___   ___   ___   ___

-PPTAKJOB-

Could [FIRST AND LAST NAME] have started a job during
those weeks if one had been offered or could [HE/SHE]
have returned to work if [HE/SHE] had been recalled?
[OR]
Could [FIRST AND LAST NAME] have started a job during any of
those weeks if one had been offered?
[OR]
Could [FIRST AND LAST NAME] have returned to work during any
of those weeks if [HE/SHE] had been recalled?

(1) Yes
(2) No

___

-PPNOTAKE-

Why was that?

(1) Waiting for a new job to begin
(2) Own temporary illness
(3) School
(4) Other

___

-NOTHER-

ENTER THE SPECIFIC "OTHER" REASON COULD NOT TAKE JOB

_____

-SOMWRK-

During the weeks that [FIRST AND LAST NAME] did not
have a job or a business, did [HE/SHE] do
any work at all that earned some money?

(1) Yes
(2) No

___

B1-91

-MTHWRK-

In which of the months [MONTH1] through
[MONTH4] did [HE/SHE] do that work?

ENTER (1) BY MONTH IF WORKED
ENTER (0) BY MONTH IF NOT WORKED

[MONTH1]: ___
[MONTH2]: ___
[MONTH3]: ___
[MONTH4]: ___

-WCYN6-

Did [HE/SHE] receive any money from workers' compensation
as a result of any kind of job-related injury or illness?

(1) Yes
(2) No

___

-UECYN6-

Did [HE/SHE] receive any type of unemployment
payments?

(1) Yes
(2) No

___

-UECYNTP6-

What type was it?
ENTER (N) FOR NO MORE

(1) State unemployement compensation
(2) Supplemental unemployment benefits
(3) Other (strike pay, union benefits, Trade
      Adjustment Act benefits, etc.)

___   ___   ___

-PTWRK-

       Now consider all [HIS/HER] work from [HIS/HER]
       businesses during this period.

       [WEEKS WORKED],
       were there any weeks when [HE/SHE]
       worked less than 35 hours?

       NOTE: INCLUDE HOURS WORKED AT ALL JOBS/BUSINESSES

       (1) Yes
       (2) No

       ___

-PTRESN-

       I have recorded that there were weeks in which [FIRST AND LAST NAME]
       worked less than 35 hours. What was the main reason [HE/SHE]
       worked less than 35 hours in those weeks?

       (1) Could not find full-time job
       (2) Wanted to work part-time
       (3) Temporarily unable to work full-time because of injury
       (4) Temporarily unable to work full-time because of illness
       (5) Unable to work full-time because of chronic
            health condition/disability
       (6) Taking care of children/other persons
       (7) Full-time workweek is less than 35 hours
       (8) Slack work or material shortage
       (9) Participated in a job-sharing arrangement
       (10) On vacation
       (11) In school
       (12) Other

       ___

-PTRESNB-

What was the main reason [FIRST AND LAST NAME] worked
less than 35 hours in those weeks?

(1) Could not find full-time job
(2) Wanted to work part-time
(3) Temporarily unable to work full-time because of injury
(4) Temporarily unable to work full-time because of illness
(5) Unable to work full-time because of chronic
     health condition/disability
(6) Taking care of children/other persons
(7) Full time workweek is less than 35 hours
(8) Slack work or material shortage
(9) Participated in a job-sharing arrangement
(10) On vacation
(11) In school
(12) Other

___

-PTSPEC-

ENTER THE SPECIFIC "OTHER" REASON FOR PART TIME WORK

_____

-SITNOWCT-

ASK OR VERIFY
[DO/DOES] [HE/SHE] work at a job,
a business, or something else to earn money NOW?

(1) Yes
(2) No
(3) Not sure or Don't know

___

-SITNOW-

What best describes [HIS/HER] situation now?
READ ALL ANSWERS

(1) Looking for work
(2) On layoff from a job
(3) Waiting for a new job to begin
(4) Retired
(5) Taking care of home and family (including pregnancy)
(6) In school
(7) Not able to work because of illness or disability
(8) Or something else?

___

-OTHSIT-

ENTER THE SPECIFIC "OTHER" SITUATION

_____

-LAYEMP-

What is the name of the employer from which
[FIRST AND LAST NAME] [ARE/IS] on layoff?

_____

-DISABL-

[DO/DOES] [FIRST AND LAST NAME] have a physical,
mental or other health condition that limits the
kind or amount of work [HE/SHE] can do?

(1) Yes
(2) No
(H) Help

___

-DISPREV-

> Does [FIRST AND LAST NAME] health or condition prevent
> [HIM/HER] from working at a job or business?
>
> (1) Yes
> (2) No
>
>
> ___

-EVERET-

> [HAVE/HAS] [HE/SHE] ever retired, for any reason,
> from a job or business [INCLUDING MILITARY RETIREMENT]?
>
> (1) Yes
> (2) No
>
>
> ___

General Income, Part 1 - Identifying Sources of Income from Government Income Programs, Retirement Income Plans, and Other Income

----

-OTHINT-

We have completed the questions on work
status. Next are questions on the receipt
of income from government programs, retirement
plans, or other sources.

PRESS ENTER TO CONTINUE

___

-LMPNOW-

Did [FIRST AND LAST NAME] receive any
severance pay or lump sum payments
from a pension or retirement plan
when [HE/SHE] left [HIS/HER] job(s)?

    (1) Yes
    (2) No

    ___

-LMPFUTR-

[DO/DOES] [FIRST AND LAST NAME] ever
expect to receive any such payments
from that/these job(s)?

    (1) Yes
    (2) No

    ___

-LUMPTYP-

What type of payment?
ENTER (N) FOR NONE/NO MORE

(1) Lump sum from pension/retirement plan
(2) Severance pay
(3) Deferred payment(s) payable at some later date
(4) Something else

___1   ___2   ___3   ___4

-LMPELSE-

What kind of other payment was it?

___

-VAYN-

Excluding regular military retirement pay,
insurance proceeds, and GI Bill benefits,
did [FIRST AND LAST NAME] receive any payments from
the Department of Veterans Affairs (VA)?

(1) Yes
(2) No

___

-PWVAYN-

      Last time we recorded that [FIRST AND LAST NAME]
      received payments from the Department of
      Veterans Affairs (VA) other than regular
      military retirement pay, insurance
      proceeds and GI Bill benefits.

      Did [FIRST AND LAST NAME] receive any of those
      payments at anytime between [MONTH1]
      1st and today?

          (1) Yes
          (2) No

         ___

-PWVAMTH-

      In which month did [FIRST AND LAST NAME] last
      receive those payments from the Veterans
      Administration?

          (1) [PREVIOUS WAVE MONTH1]
          (2) [PREVIOUS WAVE MONTH2]
          (3) [PREVIOUS WAVE MONTH3]
          (4) [PREVIOUS WAVE MONTH4]
          (5) [MONTH1]
          (6) [MONTH2]
          (7) [MONTH3]
          (8) [MONTH4]
          (9) Other
          (N) Never Received

         ___

-SSYN-

    Did [FIRST AND LAST NAME] receive any
    Social Security payments?

        (1) Yes
        (2) No

      ___

-SSCLDYN-

    Did [FIRST AND LAST NAME] receive any
    Social Security payments on behalf of:
    READ NAMES OF CHILDREN
        (1) Yes (2) No

    Did [FIRST AND LAST NAME] receive any Social
    Security payments for [SELF]
        (1) Yes (2) No

-PWSSYN-

    Last time I recorded that [FIRST AND LAST NAME]
    received Social Security payments.

    Did [FIRST AND LAST NAME] receive any
    Social Security payments at any time
    between [MONTH] 1st and today?

        (1) Yes
        (2) No

      ___

-PWSSCLDYN-

Last time I recorded that [FIRST AND LAST NAME] received
Social Security [CHILD NAME]
At any time since [MONTH 1st], did [FIRST AND LAST NAME]
receive any Social Security payments especially for:
READ NAMES OF CHILDREN
        (1) Yes   (2) No
Did [FIRST AND LAST NAME] receive any Social Security payments
for [SELF]?
        (1) Yes   (2) No

-PWSSMTH-

In which month did [FIRST AND LAST NAME] last
receive payments from Social Security?

    (1) [PREVIOUS WAVE MONTH1]
    (2) [PREVIOUS WAVE MONTH2]
    (3) [PREVIOUS WAVE MONTH3]
    (4) [PREVIOUS WAVE MONTH4]
    (5) [MONTH5]
    (6) [MONTH2]
    (7) [MONTH3]
    (8) [MONTH4]
    (9) Other
    (N) Never Received

        ___

-SSIYN-

Did [FIRST AND LAST NAME] receive any income
from SSI, that is, a program called
Supplemental Security Income?

        (1) Yes
        (2) No

        ___

-SSICLDYN-

     Did [FIRST AND LAST NAME] receive any
     Supplemental Security Income (SSI) for:
     READ NAMES OF CHILDREN
        (1) Yes (2) No

     Did [FIRST AND LAST NAME] receive any income from Supplemental
     Security Income (SSI) for SELF?
        (1) Yes (2) No

-PWSSIYN-

     Last time I recorded that [FIRST AND LAST NAME]
     received Supplemental Security Income
     (SSI) payments.

     Did [FIRST AND LAST NAME] receive any SSI
     payments at any time between [MONTH1]
     1st and today?

        (1) Yes
        (2) No

       ___

-PWSSICLDYN-   Last time I recorded that [FIRST AND LAST NAME]
      received Supplemental Security Income, or SSI.

      At any time since [PREVIOUS WAVE MONTH5 1st], did [FIRST AND LAST NAME]
      receive any Supplemental Security Income (SSI) for:
     READ NAMES OF CHILDREN
       (1) Yes (2) No
     Did [FIRST AND LAST NAME] receive any income from Supplemental
     Security Income (SSI) for [SELF]?
       (1) Yes (2) No

-PWSSIMTH-

In which month did [FIRST AND LAST NAME] last
receive Supplemental Security Income payments?

(1) [PREVIOUS WAVE MONTH1]
(2) [PREVIOUS WAVE MONTH2]
(3) [PREVIOUS WAVE MONTH3]
(4) [PREVIOUS WAVE MONTH4]
(5) [MONTH1]
(6) [MONTH2]
(7) [MONTH3]
(8) [MONTH4]
(9) Other
(N) Never Received

___

-STSSIYN-
Did [FIRST AND LAST NAME] also receive a SEPARATE
SSI payment from the State or local welfare
office?

(1) Yes
(2) No

___

-DSYN-
Earlier I recorded that [FIRST AND LAST NAME]
[HAVE/HAS] a health condition which limits
the kind or amount of work [FIRST AND LAST NAME]
can do. Did [FIRST AND LAST NAME] receive any income
 because of [FIRST AND LAST NAME] health condition?

(1) Yes
(2) No

___

-DSTYP-

What kind of income was that?
Anything else?
ENTER (N) FOR NO MORE

 (1) Workers' Compensation
 (2) Payments from a sickness, accident, or disability
       insurance policy purchased on your own
 (3) Employer disability payments
 (4) Pension from company or union including income from profit-sharing plans
 (5) Federal Civil Service or other Federal civilian employee pension
 (6) State government pension
 (7) Local government pension
 (8) U.S. Military retirement pay exclude payments from the
       Department of Veterans Affairs (VA)
 (9) U.S. Government Railroad Retirement
(10) Black Lung payments
(11) Other

    ___1   ___2   ___3   ___4   ___5   ___6   ___7   ___8   ___9   ___10   ___11

-OTHRTYPE-

What was the specific "other" source of
the income [FIRST AND LAST NAME] received because
of [fill HIS/HER] health condition?

    ___

-PWDSYN-

    Last time we recorded that [FIRST AND LAST NAME]
    received income because of a health condition
    or disability from the following source(s).
     [LIST OF HEALTH DISABILITIES]

    Did [FIRST AND LAST NAME] receive income from any of
    these sources during the time period from
    MONTH1 up to today?
    (1) Yes
    (2) No

      ___

    Which ones?
    (A) All sources listed
    (N) None/No more

  ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11

-DISREC1-

    In which month did [FIRST AND LAST NAME] last receive
    [LIST OF DISABILITY TYPE]

    (1) [PREVIOUS WAVE MONTH1]
    (2) [PREVIOUS WAVE MONTH2]
    (3) [PREVIOUS WAVE MONTH3]
    (4) [PREVIOUS WAVE MONTH4]
    (5) [MONTH1]
    (6) [MONTH2]
    (7) [MONTH3]
    (8) [MONTH4]
    (9) Other
    (N) Never Received

      ___

-DISYR1-

    When did [FIRST AND LAST NAME] last receive
    [LIST OF DISABILITY TYPE]

    MONTH: __

    YEAR: ____

-OTHDIS-
    Did [FIRST AND LAST NAME] receive income from any
    other source during this time period because
    of a health condition?

      (1) Yes
      (2) No

      ___

-ODISTYP-
　　　What kind of income was that?
　　　Anything else?

　　　(N) None/No more

　(1)　Worker's Compensation
　(2)　Payments from a sickness, accident, or disability
　　　　insurance policy purchased on your own
　(3)　Employer disabilty payments
　(4)　Pension from company or union including income
　　　　from profit-sharing plans
　(5)　Federal Civil Service or other Federal civilian
　　　　employee pension
　(6)　State government pension
　(7)　Local government pension
　(8)　U.S.Military retirement pay excluding payments from the
　　　　Department of Veterans Affairs (VA)
　(9)　U.S. Government Railroad Retirement
　(10)　Black Lung Payments
　(11)　Other

　___1　___2　___3　___4　___5　___6　___7　___8　___9　___10　___11

-OTHRDIS-
　　　What was the specific "other" source of
　　　the income [FIRST AND LAST NAME] received because
　　　of [HIS/HER] health condition?

　　　___

-RTYN-
　　　Earlier I recorded that [FIRST AND LAST NAME] retired
　　　from a previous job.[DID/DOES]
　　　receive any [OTHER] retirement income?

　　　　　(1) Yes
　　　　　(2) No

　　　　　___

-RTTYP-

What kind of income was that?
Anything else?
ENTER (N) FOR NONE/NO MORE

(1) Pension from company or union
      including income from profit-sharing plans
(2) Federal Civil Service or other Federal civilian employee pension
(3) State government pension
(4) Local government pension
(5) U.S. Military retirement pay exclude payments from the
      Department of Veterans Affairs (VA)
(6) U.S. Government Railroad Retirement
(7) National Guard or Reserve Forces retirement
(8) Other

___1   ___2   ___3   ___4   ___5   ___6   ___7   ___8

-RETOTHR-

What is the specific "other" source of the
retirement income that [FIRST AND LAST NAME] received.

___

-LIFEYN-

Did [FIRST AND LAST NAME] receive any REGULAR retirement
income from a paid-up life insurance policy
or any other annuities?

(1) Yes
(2) No

___

B1-108

-PWRTYN-
   Last time we recorded that [FIRST AND LAST NAME] received
   retirement income from the following source(s).
      [TYPES OF RETIREMENT INCOME]

   Did [FIRST AND LAST NAME] receive income from any of these
   sources during the time period from [MONTH1] up to today?
      (1) Yes
      (2) No

         ___

   Which ones?
      (A) All sources listed
      (N) None/No more

   ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

-RETREC1-
   In which month did [FIRST AND LAST NAME] last
   receive [RETIREMENT TYPE]?

            (1) [PREVIOUS WAVE MONTH1]
            (2) [PREVIOUS WAVE MONTH2]
            (3) [PREVIOUS WAVE MONTH3]
            (4) [PREVIOUS WAVE MONTH4]
            (5) [MONTH1]
            (6) [MONTH2]
            (7) [MONTH3]
            (8) [MONTH4]
            (9) Other
            (N) Never Received

            ___

-RETYR1-

 When did [FIRST AND LAST NAME] last receive
 [RETIREMENT TYPE]?

 MONTH: __

 YEAR: ____

-OTHRET-

 Did [FIRST AND LAST NAME] receive retirement income
 from any other source during this time period?

  (1) Yes
  (2) No

  ___

-ORETTYP-

 What kind of income was that?
 Anything else?

  (N) None/No more

 (1) Pension from company or union including income
  from profit-sharing plans
 (2) Federal Civil Service or other Federal civilian
  employee pension
 (3) State government pension
 (4) Local government pension
 (5) U.S. Military retirement pay - exclude payments from
  the Department of Veterans Affairs (VA)
 (6) U.S. Government Railroad Retirement
 (7) National Guard or Reserve Forces retirement
 (8) Other

  ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8

-OTHRRET-
     What was the specific "other" source of the
     retirement income [FIRST AND LAST NAME] received?

       ___

-SRYN-

     Did [FIRST AND LAST NAME] receive any
     income as a result of being
     a [WIDOW/WIDOWER]?

        (1) Yes
        (2) No

       ___

-SRTYP- What kind of income was that?
     Anything else?
     ENTER (N) FOR NONE/NO MORE
 (1) Pension from company or union including income
     from profit-sharing plans
 (2) Veterans' compensation or pension
 (3) Federal Civil Service or other Federal civilian employee pension
 (4) U.S. Government Railroad Retirement
 (5) State government pension
 (6) Local government pension
 (7) Income from paid-up life insurance policies or annuities
 (8) U.S. Military retirement pay. Exclude payments from the
     Department of Veterans Affairs (VA)
 (9) Black Lung benefits
(10) Worker's Compensation
(11) Payments from estate or trust
(12) National Guard or Reserve Forces retirement
(13) Other

   ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12 ___13

-SUROTH-

  What was the specific "other" source of
  income [FIRST AND LAST NAME] received as a
  [WIDOW/WIDOWER]?

   _____

-PWSRYN- Last time we recorded that [FIRST AND LAST NAME] received income
  as a result of being a [WIDOW/WIDOWER] from the following source(s).
  [TYPE OF INCOME LIST]

  Did [FIRST AND LAST NAME] receive income from any of these
  sources during the time period from [MONTH1] up to today?
  (1) Yes (2) No

  ___

  Which ones? (A) All sources listed (N) None/No more
 ___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 ___12 ___13

-SURREC1-

  In which month did [FIRST AND LAST NAME] last receive
  [INCOME TYPE]?

  (1) [PREVIOUS WAVE MONTH1]
  (2) [PREVIOUS WAVE MONTH2]
  (3) [PREVIOUS WAVE MONTH3]
  (4) [PREVIOUS WAVE MONTH4]
  (5) [MONTH1]
  (6) [MONTH2]
  (7) [MONTH3]
  (8) [MONTH4]
  (9) Other
  (N) Never Received

  ____

-SURYR1-

When did [FIRST AND LAST NAME] last receive
[INCOME TYPE]?

MONTH: __

YEAR: ____

-OTHSUR-
Did [FIRST AND LAST NAME] receive income from
any other source during this time period
as a result of being a[WIDOW/WIDOWER]?

(1) Yes
(2) No

____

-OSURTYP- What kind of income was that?
Anything else?

(1) Pension from company or union including income from
profit-sharing plans
(2) Veterans' compensation or pension
(3) Federal Civil Service or other Federal civilian employee pension
(4) U.S. Government Railroad Retirement
(5) State government pension
(6) Local government pension
(7) Income from paid-up life insurance policies or annuities
(8) U.S. Military retirement pay. Exclude payments
from the Department of Veterans Affairs (VA)
(9) Black Lung benefits
(10) Worker's Compensation
(11) Payments from estate or trust
(12) National Guard or Reserve Forces retirement
(13) Other
(N) None/No more

___1   ___2   ___3   ___4   ___5   ___6   ___7   ___8   ___9   ___10   ___11   ___12   ___13

B1-113

-SUROTHR-

      What was the specific "other" source of income
      [FIRST AND LAST NAME] received as a [WIDOW/WIDOWER]?

      _____

-FCCYN-

      Did [FIRST AND LAST NAME] receive any foster
      child care?

          (1) Yes
          (2) No

          ___

-PWFCCYN-

      Last time I recorded that [FIRST AND LAST NAME] received
      Foster Child Care payments.

      Did [FIRST AND LAST NAME] receive any Foster Child Care
      payments at any time between [MONTH1] and today?

          (1) Yes
          (2) No

          ___

-PWFCCMTH-

   In which month did [FIRST AND LAST NAME] last receive
   Foster Child Care payments?

         (1) [PREVIOUS WAVE MONTH1]
         (2) [PREVIOUS WAVE MONTH2]
         (3) [PREVIOUS WAVE MONTH3]
         (4) [PREVIOUS WAVE MONTH4]
         (5) [MONTH1]
         (6) [MONTH2]
         (7) [MONTH3]
         (8) [MONTH4]
         (9) Other
         (N) Never Received

         ___

-FCCYR1-
   When did [FIRST AND LAST NAME] last receive
   Foster Child Care payments?

   MONTH: __

   YEAR: ____

-CSAGREE-
   Have support payments ever been court ordered
   or informally agreed to for [CHILD NAME]?

         (1) Yes
         (2) No

         ___

-CSYN-

    Did [FIRST AND LAST NAME] receive any kind of
    financial support payments from the
    [CHILD's] other parent?

        (1) Yes
        (2) No

      ___

-PWCSYN-

    Last time I recorded that [FIRST AND LAST NAME] received
    Child Support payments.

    Did [FIRST AND LAST NAME] receive any Child Support
    payments at any time between[MONTH1] and today?

        (1) Yes
        (2) No

      ___

-PWCSMTH-

    In which month did [FIRST AND LAST NAME] last receive
    Child Support payments?

        (1) [PREVIOUS WAVE MONTH1]
        (2) [PREVIOUS WAVE MONTH2]
        (3   [PREVIOUS WAVE MONTH3]
        (4) [PREVIOUS WAVE MONTH4]
        (5) [MONTH1]
        (6) [MONTH2]
        (7) [MONTH3]
        (8) [MONTH4]
        (9) Other
        (N) Never Received

      ___

-CSYR1-

    When did [FIRST AND LAST NAME] last receive
    Child Support payments?

    MONTH: __

    YEAR: ____

-ALIYN-

    Did [FIRST AND LAST NAME] receive any
    alimony payments?

        (1) Yes
        (2) No

        ___

-PWALIYN-

    Last time I recorded that [FIRST AND LAST NAME] received
    Alimony payments.

    Did [FIRST AND LAST NAME] receive any Alimony
    payments at any time between [MONTH1] and today?

        (1) Yes
        (2) No

        ___

-PWALIMTH-

In which month did [FIRST AND LAST NAME] last receive
Alimony payments?

(1) [PREVIOUS WAVE MONTH1]
(2) [PREVIOUS WAVE MONTH2]
(3) [PREVIOUS WAVE MONTH3]
(4) [PREVIOUS WAVE MONTH4]
(5) [MONTH1]
(6) [MONTH2]
(7) [MONTH3]
(8) [MONTH4]
(9) Other
(N) Never Received

___

-ALIYR1-
When did [FIRST AND LAST NAME] last receive
Alimony payments?

MONTH: __

YEAR: ____

-FSYN-
[WAS/WERE] [FIRST AND LAST NAME] [OR HIS/HER/YOUR WIFE/HUSBAND]
authorized to receive food stamps?

(1) Yes
(2) No

___

-PWFSYN-

     Last time I recorded that [FIRST AND LAST NAME] [OR HIS/HER/YOUR WIFE/HUSBAND] [WAS/WERE] authorized to receive Food Stamps.

     Did [FIRST AND LAST NAME] receive any Food Stamps at any time between MONTH1 and today?

       (1) Yes
       (2) No

       ___

-PWFSMTH-

     In which month did [FIRST AND LAST NAME] last receive Food Stamps?

       (1) [PREVIOUS WAVE MONTH1]
       (2) [PREVIOUS WAVE MONTH2]
       (3) [PREVIOUS WAVE MONTH3]
       (4) [PREVIOUS WAVE MONTH4]
       (5) [MONTH1]
       (6) [MONTH2]
       (7) [MONTH3]
       (8) [MONTH4]
       (9) Other
       (N) Never Received

       ___

-FSYR1-
     When did [FIRST AND LAST NAME] last receive Food Stamps?

     MONTH: __

     YEAR: ____

-WICYN-

    [ARE/IS] [FIRST AND LAST NAME] on WIC, the Womens,
    Infants, and Children's nutrition program?

        (1) Yes
        (2) No

      ___

-PWWICYN-

    Last time I recorded that [FIRSTAND LAST NAME] [WAS/WERE]
    on WIC, the Womens, Infants, and Children's nutrition program.

    [WAS/WERE] [FIRST AND LAST NAME] on WIC
    at any time between [MONTH1] and today?

        (1) Yes
        (2) No

      ___

-PWWICMTH-

    In which month did [FIRST AND LAST NAME] last receive
    WIC benefits?

        (1) [PREVIOUS WAVE MONTH1]
        (2) [PREVIOUS WAVE MONTH2]
        (3) [PREVIOUS WAVE MONTH3]
        (4) [PREVIOUS WAVE MONTH4]
        (5) [MONTH1]
        (6) [MONTH2]
        (7) [MONTH3]
        (8) [MONTH4]
        (9) Other
        (N) Never Received

      ___

-WICYR1-

    When did [FIRST AND LAST NAME] last receive
    WIC benefits?

    MONTH: __

    YEAR: ____

-PATYN-

    Did [FIRST AND LAST NAME] receive any welfare or public
    assistance payments?

        (1) Yes
        (2) No

        ___

-PATYP-

    Did HE/SHE receive:

    READ ALL CATEGORIES. ENTER (N) FOR NONE/NO MORE

        (1) Public Assistance Payments-formerly known as AFDC or ADC
        (2) General Assistance or General Relief
        (3) Energy Assistance Program
        (4) Other

        ___1   ___2   ___3   ___4

-PWADCYN-

  Last time I recorded that [FIRST AND LAST NAME] received public
  assistance payments formerly know as AFDC or ADC?

  Did [FIRST AND LAST NAME] receive any such assistance
  at any time between [MONTH1] and today?

  NOTE FOR FR: DO NOT INCLUDE ANY ENERGY ASSISTANCE

      (1) Yes
      (2) No

      ___

-PWADCMTH-

  In which month did [FIRST AND LAST NAME] last receive
  AFDC?

      (1) [PREVIOUS WAVE MONTH1]
      (2) [PREVIOUS WAVE MONTH2]
      (3) [PREVIOUS WAVE MONTH3]
      (4) [PREVIOUS WAVE MONTH4]
      (5) [MONTH1]
      (6) [MONTH2]
      (7) [MONTH3]
      (8) [MONTH4]
      (9) Other
      (N) Never Received

      ___

-ADCYR1-

    When did [FIRST AND LAST NAME] last receive
    this assistance?

    MONTH: __

    YEAR: ____

-PWGAYN-

    Last time I recorded that [FIRST AND LAST NAME][OR HIS/HER/YOUR   WIFE/HUSBAND]
received General Assistance.

    Did [FIRST AND LAST NAME] receive any General Assistance
    at any time between [MONTH1] and today?

        (1) Yes
        (2) No

        ___

-PWGAMTH-

    In which month did [FIRST AND LAST NAME] last receive
    General Assistance?
        (1) [PREVIOUS WAVE MONTH1]
        (2) [PREVIOUS WAVE MONTH2]
        (3) [PREVIOUS WAVE MONTH3]
        (4) [PREVIOUS WAVE MONTH4]
        (5) [MONTH1]
        (6) [MONTH2]
        (7) [MONTH3]
        (8) [MONTH4]
        (9) Other
        (N) Never Received

        ___

-GAYR1-

When did [FIRST AND LAST NAME] last receive
General Assistance?

MONTH: __

YEAR: ____

-PWEAYN-

Last time I recorded that [FIRST AND LAST NAME] [OR HIS/HER/YOUR
WIFE/HUSBAND] received Energy Assistance.

Did [FIRST AND LAST NAME] receive any Energy Assistance
at any time between [MONTH1] and today?

    (1) Yes
    (2) No

        ___

-PWEAMTH-

In which month did [FIRST AND LAST NAME] last receive Energy Assistance?

    (1) [PREVIOUS WAVE MONTH1]
    (2) [PREVIOUS WAVE MONTH2]
    (3) [PREVIOUS WAVE MONTH3]
    (4) [PREVIOUS WAVE MONTH4]
    (5) [MONTH1]
    (6) [MONTH2]
    (7) [MONTH3]
    (8) [MONTH4]
    (9) Other
    (N) Never Received

        ___

-EAYR1-

When did [FIRST AND LAST NAME] last receive
Energy Assistance?

MONTH: __

YEAR: ____

-PATYP2-

Since MONTH1 1st, did [FIRST AND LAST NAME]
[OR HIS/HER/YOUR WIFE/HUSBAND] receive any:
ENTER (N) FOR NONE/NO MORE
(1) [Public Assistance payments formerly know as AFDC or ADC]
(2) [General Assistance or General Relief]]
(3) [Energy Assistance]
(4) Other

___1   ___2   ___3   ___4

-

-PAOTHR-

What was the specific "other" source of
public assistance income?

_____

-PSSTHRU-

Did [FIRST AND LAST NAME] receive ANY
child support as a bonus or pass thru
from a public assistance agency?

(1) Yes
(2) No

___

-PWPSYN-

     Last time I recorded that [FIRST AND LAST NAME] received
     child support as a bonus or pass thru from a public
     assistance agency?

     Did [FIRST AND LAST NAME] receive any Pass Thru Child Support
     payments of this type at any time between [MONTH1] and today?

       (1) Yes
       (2) No

       ___

-PWPSMTH-

     In which month did [FIRST AND LAST NAME] last receive
     pass thru child support payments?

       (1) [PREVIOUS WAVE MONTH1]
       (2) [PREVIOUS WAVE MONTH2]
       (3) [PREVIOUS WAVE MONTH3]
       (4) [PREVIOUS WAVE MONTH4]
       (5) [MONTH1]
       (6) [MONTH2]
       (7) [MONTH3]
       (8) [MONTH4]
       (9) Other
       (N) Never Received

       ___

-PSYR1-
     When did [FIRST AND LAST NAME] last receive
     pass thru child support payments?

     MONTH: __

     YEAR: ____

-NOINC-

Did [FIRST AND LAST NAME] receive any non-job
income from some source we have not covered,
such as financial help from someone outside
this household, payments from the government,
or anything else?

(1) Yes
(2) No

___

-INCLIST-   I have recorded that, between [MONTH1 1st] and today,
[FIRST AND LAST NAME] had the following sources of non-job income:
(READ NAMES OF INCOME SOURCES)
PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED IN BOX
BELOW. PRESS "SHIFT-F6" AGAIN TO RETURN TO THIS POINT.

Have I listed anything that SHOULD NOT be there?
(1) Yes
(2) No   ___

-ERRSRC-

Which of these?

(N) None/No more

___1   ___2   ___3
___4   ___5   ___6

-ANYOTH-

     Did [FIRST AND LAST NAME] receive income from any
     source, such as financial help from someone
     outside the household, payments from the government,
     or any other program income?

     NOTE TO FR: DO NOT ANSWER 'YES' FOR ANY TYPES OF
     ASSET-BASED INCOME, WHICH WILL BE COVERED IN THE NEXT SECTION.

       (1) Yes
       (2) No

       ___

-OTHSRCE- PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED IN BOX
      BELOW. PRESS "SHIFT-F6" AGAIN TO RETURN TO THIS POINT.

     What kind of income did [FIRST AND LAST NAME] receive?
     ENTER NUMERIC CODE OF INCOME SOURCE REPORTED

     ANYTHING ELSE?
       (N) None/No more

     ___1   ___2   ___3   ___4

Assets, Part 1 - Identifying Ownership of Income Producing Assets

----
-ASSTINT-

     These next questions are about assets that provide income.

       PRESS "ENTER" TO CONTINUE

-A2-   During our last visit, we recorded that you
       owned, either alone or jointly, the following assets:

     [LIST OF ASSET TYPES]

     PRESS "ENTER" TO CONTINUE

-ASSET1-   During the period from [Month 1] through today,
     did you own, either alone or jointly, any of
     the following: (SHOW FLASHCARD F) READ EACH CATEGORY.
     ASSETS IN REVERSE VIDEO INDICATE OWNED IN PREVIOUS WAVE.

(1) Yes (2) No (N) No Assets

[LIST OF ASSET TYPES]

-OTHFIN-   Enter the "other financial investment"

-ASETDRAW-

     Have you received any
     lump sum or regular distribution payments
     from your
     [IRA OR KEOUGH ACCOUNTS/401K ORTHRIFT PLAN]
     since [MONTH1] 1ST?

     (1) Lump Sum
     (2) Regular Distributions
     (3) Both
     (4) No, no payments received

     ___

Labor Force, Part 2 - Income Received from Jobs/Businesses

-PYRCV-

      The next questions are about the income [FIRST AND LAST NAME] received
      [FROM ANY JOBS OR BUSINESSES].

      The questions ask about [HIS/HER] gross income BEFORE any
      deductions for taxes, health insurance, and so on.
      [PLEASE INCLUDE MILITARY CASH HOUSING ALLOWANCES AND ANY OTHER]
      [SPECIAL TYPES OF MILITARY PAY]

      PRESS ENTER TO CONTINUE

      ___

-P1M4-

      Each time [HE/SHE] [WAS/WERE] paid by [HIS/HER JOB OR BUSINESS]
      in [MONTH4], how much did [HE/SHE] receive BEFORE
      deductions?
      (P) Proceed to enter one or more gross amounts for the month
          [RESPONDENT REPORTS AN ANNUAL SALARY]
      (C) Calculate - Respondent reports hourly wages and
          hours worked

      ___

      ENTER GROSS AMOUNTS RECEIVED IN [MONTH4] OR (N) FOR NONE.
      (AFTER LAST REPORTED AMOUNT ASK --)
      Anything else? Any tips, bonuses, overtime pay, or commissions?

      (ENTER (N) AFTER LAST REPORTED AMOUNT)
      (S) Same as last amount entered

      _____
      _____
      _____
      _____
      _____

-FOLLOW4-

Is that the total for the month or the amount of a
single payment?

(1) Total for the month
(2) Amount of a single payment

___

-MOREPAY4-

Please tell me the other payments you received in
[MONTH4] from [HIS/HER JOB OR BUSINESS].

ENTER (N) FOR NONE OR NO MORE.

_____
_____
_____
_____

-MTOT4VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [MONTH4], [TOTAL PAYMENT AMOUNT],
is unusually large.

If the amount is correct, enter P to proceed.
If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

___

-CALC41-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC41VR-

That comes to [CALCULATED MONTHLY PAY].
Does that sound about right?

IF CORRECT ENTER P TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

___

-MORPAY41-

I have recorded that [HIS/HER] earnings for [MONTH4] are:

[EARNINGS FOR PAY PERIOD1]

[NOTE1]
[NOTE2]

Did [FIRST AND LAST NAME] receive any other pay in
[MONTH4] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

___

-CALC42-

      ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

      IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
      MONTH
      (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC42VR-

      That comes to [MONTHLY PAY].
      Does that sound about right?

      IF CORRECT ENTER P TO PROCEED
      IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

      (P) Proceed

      ___

-MORPAY42-

      I have recorded that [HIS/HER] earnings for [MONTH4]
      are:

      [EARNINGS FOR PAY PERIOD1]
      [EARNINGS FOR PAY PERIOD2]

      Did [FIRST AND LAST NAME] receive any other pay in
      [MONTH4] from [NAME OF EMPLOYER]?

      (1) Yes
      (2) No

      ___

-CALC43-

 ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

 PAY RATE: ___ Dollars and ___ Cents
 TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

 IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
 MONTH
 (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

 PAY RATE: ___ Dollars and ___ Cents
 TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC43VR-

 That comes to [MONTHLY PAY].
 Does that sound about right?

 IF CORRECT ENTER (P) TO PROCEED
 IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

 (P) Proceed

 ___

-MORPAY43-

 I have recorded that [HIS/HER] earnings for [MONTH4]
 are:

 [EARNINGS FOR PAY PERIOD1]
 [EARNINGS FOR PAY PERIOD2]
 [EARNINGS FOR PAY PERIOD3]

 [NOTE1]
 [NOTE2]

 Did [FIRST AND LAST NAME] receive any other pay in
 [MONTH4] from [NAME OF EMPLOYER]?

 (1) Yes
 (2) No

 ___

-CALC44-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC44VR-

That comes to [MONTHLY PAY].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

___

-MORPAY44-

I have recorded that [HIS/HER] earnings for [MONTH4]
are:

[EARNINGS FOR PAY PERIOD1]
[EARNINGS FOR PAY PERIOD2]
[EARNINGS FOR PAY PERIOD3]
[EARNINGS FOR PAY PERIOD4]

[NOTE1]
[NOTE2]

Did [FIRST AND LAST NAME] receive any other pay in
[MONTH4] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

___

-CALC45-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC45VR-

That comes to [MONTHLY PAY].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

___

-PAYTMS4-

(NOTE TO INTERVIEWER - DO NOT READ)
Based on the PAY PERIOD and the DATE LAST PAID,
the respondent should have been paid [NUMBER OF PAYDAYS] times
in [MONTH4].

Probe for additional payments.
If additional amounts are reported, back up (F1) to
enter additional amounts.

If there are no additional amounts, enter P to proceed.

(P) Proceed

___

-ANAMT-
   ENTER THE AMOUNT EARNED PER YEAR

   _____

-P1M3-
   Each time [HE/SHE] [WAS/WERE] paid by [HIS/HER JOB OR BUSINESS]
   in [MONTH3], how much did [HE/SHE] receive BEFORE
   deductions?
   (P) Proceed to enter one or more gross amounts for the month
   (C) Calculate - Respondent reports hourly wages and
        hours worked

   ___

   ENTER GROSS AMOUNTS RECEIVED IN [MONTH3] OR (N) FOR NONE.
   (AFTER LAST REPORTED AMOUNT ASK --)

   Anything else? Any tips, bonuses, overtime pay, or commissions?

   (ENTER (N) AFTER LAST REPORTED AMOUNT)
   (S) Same as last amount entered

   _____
   _____
   _____
   _____
   _____

-FOLLOW3-
   Is that the total for the month or the amount of a
   single payment?

   (1) Total for the month
   (2) Amount of a single payment

   ___

-MOREPAY3-

       Please tell me the other payments you received in
       [MONTH3] from [HIS/HER JOB OR BUSINESS].

       ENTER (N) FOR NONE OR NO MORE.

       _____
       _____
       _____
       _____

-MTOT3VER-

       NOTE TO INTERVIEWER - DO NOT READ

       The total amount reported for [MONTH3],
       [TOTAL PAYMENT AMOUNT],
       is unusually large.

       If the amount is correct, enter P to proceed.
       If the amount is incorrect, hit F1 to back up and correct it.

       (P) Proceed

       ___

-CALC31-

       ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

       PAY RATE: ___ Dollars and ___ Cents
       TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

       IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
       MONTH
       (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

       PAY RATE: ___ Dollars and ___ Cents
       TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC31VR-

     That comes to [MONTHLY PAY].
     Does that sound about right?

     IF CORRECT ENTER (P) TO PROCEED
     IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

     (P) Proceed

     ___

-MORPAY31-

     I have recorded that [HIS/HER] earnings for [MONTH3]
     are:

     [EARNINGS FOR MONTH3]

     [NOTE1]
     [NOTE2]

     Did [FIRST AND LAST NAME] receive any other pay in
     [MONTH3] from [NAME OF EMPLOYER]?

     (1) Yes
     (2) No

     ___

-CALC32-

     ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

     IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
     MONTH
     (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

```
--------------------------------------------------------------------------
-CALC32VR-
        That comes to [MONTHLY PAY].
        Does that sound about right?

        IF CORRECT ENTER (P) TO PROCEED
        IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

        (P)  Proceed


        ___


  --------------------------------------------------------------------------
-MORPAY32-
        I have recorded that [HIS/HER] earnings for [MONTH3]
        are:

        [EARNINGS FOR PAY PERIOD1]
        [EARNINGS FOR PAY PERIOD2]

        [NOTE1]
        [NOTE2]

        Did [FIRST AND LAST NAME] receive any other pay in
        [MONTH3] from [NAME OF EMPLOYER]?

        (1)  Yes
        (2)  No


        ___
```

-CALC33-

     ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

     IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
     MONTH
     (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC33VR-

     That comes to [MONTHLY PAY].
     Does that sound about right?

     IF CORRECT ENTER (P) TO PROCEED
     IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

     (P) Proceed

     ___

-MORPAY33-

     I have recorded that [HIS/HER] earnings for [MONTH3]
     are:

     [EARNINGS FOR PAY PERIOD1]
     [EARNINGS FOR PAY PERIOD2]
     [EARNINGS FOR PAY PERIOD3]
     [EARNINGS FOR PAY PERIOD4]

     [NOTE1]
     [NOTE2]

     Did [FIRST AND LAST NAME] receive any other pay in
     [MONTH3] from [NAME OF EMPLOYER]?

     (1) Yes
     (2) No

     ___

-CALC34-

   ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

   PAY RATE: ___ Dollars and ___ Cents
   TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

   IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
   MONTH
   (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

   PAY RATE: ___ Dollars and ___ Cents
   TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC34VR-

   That comes to [MONTHLY PAY].
   Does that sound about right?

   IF CORRECT ENTER (P) TO PROCEED
   IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

   (P) Proceed

   ___

-MORPAY34-

   I have recorded that [HIS/HER] earnings for [MONTH3]
   are:

   [EARNINGS FOR PAY PERIOD1]
   [EARNINGS FOR PAY PERIOD2]
   [EARNINGS FOR PAY PERIOD3]

   [NOTE1]
   [NOTE2]

   Did [FIRST AND LAST NAME] receive any other pay in
   [MONTH3] from [NAME OF EMPLOYER]?

   (1) Yes
   (2) No

   ___

B1-142

-CALC35-

     ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

     IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
     MONTH
     (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC35VR-

     That comes to [MONTHLY PAY].
     Does that sound about right?

     IF CORRECT ENTER (P) TO PROCEED
     IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

     (P) Proceed

     ___

-PAYTMS3-

     (NOTE TO INTERVIEWER - DO NOT READ)

     Based on the PAY PERIOD and the DATE LAST PAID,
     the respondent should have been paid [NUMBER OF PAY DAYS] times
     in [MONTH3].

     Probe for additional payments.
     If additional amounts are reported, back up (F1) to
     enter additional amounts.

     If there are no additional amounts, enter P to proceed.

     (P) Proceed

     ___

-P1M2-

Each time [HE/SHE] [WAS/WERE] paid by [HIS/HER JOB OR BUSINESS]
in [MONTH2], how much did [HE/SHE] receive BEFORE
deductions?

(P) Proceed to enter one or more gross amounts for the month
(C) Calculate - Respondent reports hourly wages and
       hours worked

___

ENTER GROSS AMOUNTS RECEIVED IN [MONTH2] OR (N) FOR NONE.
(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)
(S) Same as last amount entered

_____
_____
_____
_____
_____

-FOLLOW2-

Is that the total for the month or the amount of a
single payment?

(1) Total for the month
(2) Amount of a single payment

___

-MOREPAY2-

Please tell me the other payments you received in
[MONTH2] from [HIS/HER JOB OR BUSINESS].

ENTER (N) FOR NONE OR NO MORE.

_____
_____
_____
_____

B1-144

-MTOT2VER-

NOTE TO INTERVIEWER - DO NOT READ

The total amount reported for [MONTH2],
[TOTAL PAYMENT AMOUNT], is unusually large.

If the amount is correct, enter P to proceed.
If the amount is incorrect, hit F1 to back up and correct it.

(P) Proceed

___

-CALC21-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC21VR-

That comes to [MONTHLY PAY].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

___

-MORPAY21-

I have recorded that [HIS/HER] earnings for [MONTH2]
are:
[EARNINGS FOR MONTH2]

[NOTE1]
[NOTE2]

Did [FIRST AND LAST NAME] receive any other pay in
[MONTH2] from [NAME OF EMPLOYER]?

(1) Yes
(2) No
___

-CALC22-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC22VR-

That comes to [MONTHLY PAY].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

___

-MORPAY22-

      I have recorded that [HIS/HER] earnings for [MONTH2]
      are:

      [EARNINGS FOR PAY PERIOD1]
      [EARNINGS FOR PAY PERIOD2]

      [NOTE1]
      [NOTE2]

      Did [FIRST AND LAST NAME] receive any other pay in
      [MONTH2] from [NAME OF EMPLOYER]?

      (1) Yes
      (2) No

      ___

-CALC23-

      ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

      IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
      MONTH
      (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC23VR-

      That comes to [MONTHLY PAY].
      Does that sound about right?

      IF CORRECT ENTER (P) TO PROCEED
      IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

      (P) Proceed

      ___

-MORPAY23-

       I have recorded that [HIS/HER] earnings for [MONTH2]
       are:

       [EARNINGS FOR PAY PERIOD1]
       [EARNINGS FOR PAY PERIOD2]
       [EARNINGS FOR PAY PERIOD3]

       [NOTE1]
       [NOTE2]

       Did [FIRST AND LAST NAME] receive any other pay in
       [MONTH2] from [NAME OF EMPLOYER]?

       (1) Yes
       (2) No

       ___

-CALC24-

       ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

       PAY RATE: ___ Dollars and ___ Cents
       TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

       IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
       MONTH
       (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

       PAY RATE: ___ Dollars and ___ Cents
       TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC24VR-

       That comes to [MONTHLY PAY].
       Does that sound about right?

       IF CORRECT ENTER (P) TO PROCEED
       IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

       (P) Proceed

       ___

-MORPAY24-

I have recorded that [HIS/HER] earnings for [MONTH2]
are:

[EARNINGS FOR PAY PERIOD1]
[EARNINGS FOR PAY PERIOD2]
[EARNINGS FOR PAY PERIOD3]
[EARNINGS FOR PAY PERIOD4]

[NOTE1]
[NOTE2]

Did [FIRST AND LAST NAME] receive any other pay in
[MONTH2] from [FIRST AND LAST NAME]?

(1) Yes
(2) No

___

-CALC25-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC25VR-

       That comes to [MONTHLY PAY].
       Does that sound about right?

       IF CORRECT ENTER (P) TO PROCEED
       IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

       (P) Proceed

       ___

-PAYTMS2-

       (NOTE TO INTERVIEWER - DO NOT READ)
       Based on the PAY PERIOD and the DATE LAST PAID,
       the respondent should have been paid [NUMBER OF PAY DAYS] times
       in [MONTH2].

       Probe for additional payments.
       If additional amounts are reported, back up (F1) to
       enter additional amounts.

       If there are no additional amounts, enter P to proceed.

       (P) Proceed

       ___

-P1M1-

Each time [HE/SHE] [WAS/WERE] paid by [HIS/HER JOB OR BUSINESS]
in [MONTH1], how much did [HE/SHE] receive BEFORE
deductions?

(P) Proceed to enter one or more gross amounts for the month
(C) Calculate - Respondent reports hourly wages and
      hours worked

___

ENTER GROSS AMOUNTS RECEIVED IN [MONTH1] OR (N) FOR NONE.
(AFTER LAST REPORTED AMOUNT ASK --)

Anything else? Any tips, bonuses, overtime pay, or commissions?

(ENTER (N) AFTER LAST REPORTED AMOUNT)
(S) Same as last amount entered

_____
_____
_____
_____
_____

-FOLLOW1-

Is that the total for the month or the amount of a
single payment?

(1) Total for the month
(2) Amount of a single payment

___

-MOREPAY1-

Please tell me the other payments you received in
[MONTH1] from [HIS/HER JOB OR BUSINESS].

ENTER (N) FOR NONE OR NO MORE.

_____
_____
_____
_____

B1-151

-MTOT1VER-
      NOTE TO INTERVIEWER - DO NOT READ

      The total amount reported for [MONTH1],
      [TOTAL PAYMENT AMOUNT],
      is unusually large.

      If the amount is correct, enter P to proceed.
      If the amount is incorrect, hit F1 to back up and correct it.

      (P) Proceed

      ___

-CALC11-
      ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

      IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
      MONTH
      (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC11VR-
      That comes to [MONTHLY PAY].
      Does that sound about right?

      IF CORRECT ENTER (P) TO PROCEED
      IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

      (P) Proceed

      ___

-MORPAY11-

      I have recorded that [HIS/HER] earnings for [MONTH1]
      are:

      [EARNINGS FOR MONTH1]

      [NOTE1]
      [NOTE2]

      Did [FIRST AND LAST NAME] receive any other pay in
      [MONTH1] from [NAME OF EMPLOYER]?

      (1) Yes
      (2) No

      ___

-CALC12-

      ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

      IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
      MONTH
      (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

      PAY RATE: ___ Dollars and ___ Cents
      TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC12VR-

      That comes to [MONTHLY PAY].
      Does that sound about right?

      IF CORRECT ENTER (P) TO PROCEED
      IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

      (P) Proceed

      ___

-MORPAY12-

I have recorded that [HIS/HER] earnings for [MONTH1]
are:

[EARNINGS FOR PAY PERIOD1]
[EARNINGS FOR PAY PERIOD2]

[NOTE1]
[NOTE2]

Did [FIRST AND LAST NAME] receive any other pay in
[MONTH1] from [NAME OF EMPLOYER]?

(1) Yes
(2) No

___

-CALC13-

ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
MONTH
(ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

PAY RATE: ___ Dollars and ___ Cents
TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC13VR-

That comes to [MONTHLY PAY].
Does that sound about right?

IF CORRECT ENTER (P) TO PROCEED
IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

(P) Proceed

___

-MORPAY13-

 I have recorded that [HIS/HER] earnings for [MONTH1]
 are:

 [EARNINGS FOR PAY PERIOD1]
 [EARNINGS FOR PAY PERIOD2]
 [EARNINGS FOR PAY PERIOD3]

 [NOTE1]
 [NOTE2]

 Did [FIRST AND LAST NAME] receive any other pay in
 [MONTH1] from [NAME OF EMPLOYER]?

 (1) Yes
 (2) No

 ___

-CALC14-

 ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

 PAY RATE: ___ Dollars and ___ Cents
 TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

 IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
 MONTH
 (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

 PAY RATE: ___ Dollars and ___ Cents
 TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC14VR-

 That comes to [MONTHLY PAY].
 Does that sound about right?

 IF CORRECT ENTER (P) TO PROCEED
 IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

 (P) Proceed

 ___

-MORPAY14-

     I have recorded that [HIS/HER] earnings for [MONTH1]
     are:

     [EARNINGS FOR PAY PERIOD1]
     [EARNINGS FOR PAY PERIOD2]
     [EARNINGS FOR PAY PERIOD3]
     [EARNINGS FOR PAY PERIOD4]

     [NOTE1]
     [NOTE2]

     Did [FIRST AND LAST NAME] receive any other pay in
     [MONTH1] from [NAME OF EMPLOYER]?

     (1) Yes
     (2) No

     ___

-CALC15-

     ENTER PAY RATE AND TOTAL HOURS WORKED AT THAT RATE IN MONTH

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

     IF NEEDED, ENTER SECOND PAY RATE AND TOTAL HOURS AT THAT RATE IN THE
     MONTH
     (ENTER (N) IF SECOND PAY RATE IS NOT NEEDED)

     PAY RATE: ___ Dollars and ___ Cents
     TOTAL HOURS WORKED AT THIS RATE IN THE MONTH: ___

-CALC15VR-

     That comes to [MONTHLY PAY].
     Does that sound about right?

     IF CORRECT ENTER (P) TO PROCEED
     IF NOT CORRECT HIT F1 TO BACK UP AND MAKE CORRECTIONS

     (P) Proceed

     ___

-PAYTMS1-

     (NOTE TO INTERVIEWER - DO NOT READ)

     Based on the PAY PERIOD and the DATE LAST PAID,
     the respondent should have been paid [NUMBER OF PAY DAYS] times
     in [MONTH1].

     Probe for additional payments.
     If additional amounts are reported, back up (F1) to
     enter additional amounts.

     If there are no additional amounts, enter P to proceed.

     (P) Proceed

     ___

-TAKEHOME-

     Just to be sure -- were the amounts you gave me for
     [MONTH4], [MONTH3], [MONTH2], [MONTH1]
     [HIS/HER] take-home pay, or were they [HIS/HER] gross
     pay BEFORE any taxes and other deductions were taken out?

     (1) Take-home pay (net, after deductions)
     (2) Gross (total) pay (before deductions)
     (3) Other

     ___

-GETGROSS-

     This survey needs to get people's gross income amounts. Do you
     know [HIS/HER] gross pay amounts?

     (1) Yes
     (2) No

     ___

-GETRECS-

     [THIS SURVEY NEEDS TO GET PEOPLE'S GROSS INCOME AMOUNTS.]
     Do you have records available, such as pay stubs, that would
     show the gross amounts?

     (1) Yes
     (2) No

     ___

-GROSSPAYM4-

     What were the gross pay amounts in [MONTH4]?

     ENTER (S) FOR SAME AMOUNT
     ENTER (N) AFTER ENTERING LAST AMOUNT

     Old net amount(s):   New Gross amount(s):
     _____   _____
     _____   _____
     _____   _____
     _____   _____
     _____   _____

-ALLGROSSM4-

     ** DO NOT READ TO RESPONDENT **

     Are all amounts for [MONTH4] now GROSS amounts?

     (1) Yes, all amounts are gross
     (2) No, some net amounts remain

     ___

-GROSSPAYM3-

What were the gross pay amounts in [MONTH3]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):   New Gross amount(s):

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

-ALLGROSSM3-
** DO NOT READ TO RESPONDENT **

Are all amounts for [MONTH3] now GROSS amounts?

(1) Yes, all amounts are gross
(2) No, some net amounts remain

___

-GROSSPAYM2-

What were the gross pay amounts in [MONTH2]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):   New Gross amount(s):

_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

```
-------------------------------------------------------------------------------
```
-ALLGROSSM2-

Are all amounts for [MONTH2] now GROSS amounts?

(1) Yes, all amounts are gross
(2) No, some net amounts remain

___

```
-------------------------------------------------------------------------------
```
-GROSSPAYM1-
What were the gross pay amounts in [MONTH1]?

ENTER (S) FOR SAME AMOUNT
ENTER (N) AFTER ENTERING LAST AMOUNT

Old net amount(s):   New Gross amount(s):
_____   _____
_____   _____
_____   _____
_____   _____
_____   _____

```
-------------------------------------------------------------------------------
```
-ALLGROSSM1-

Are all amounts for [MONTH1] now GROSS amounts?

(1) Yes, all amounts are gross
(2) No, some net amounts remain

___

-CALLGROS-

       If I were to call back later, would you be able to obtain
       a pay stub or some other record that shows [HIS/HER]
       [REMAINING] gross pay amounts?

       (1) Yes
       (2) No

       ___

-CBPY1-

       It is very important that we collect information about income
       amounts that is as complete and accurate as possible. If I were
       to call back later, would you or someone else be able to provide
       me with this information?

       (1) Yes
       (2) No

       ___

-ADINCSRCE- Let me review all the income sources you reported.
       Earlier I recorded you received income from--
       PRESS "SHIFT-F6" TO ACCESS INCOME SOURCES LISTED
       IN BOX BELOW. PRESS "SHIFT-F6" AGAIN TO RETURN
       TO THIS POINT. THEN PRESS "ENTER" TO CONTINUE

-ADINCSRCE2-

      The next part of the interview is about those sources of income
      from [MONTH1] through the end of [MONTH 4].

      Since accuracy is so important to this survey,
      I would like you to refer to any records that you have,
      such as receipts or stubs that come with checks, or
      bank statements, or anything else that would indicate
      the exact amount of money you received.

      Could you please get those records now?

         GIVE RESPONDENT A CHANCE TO GET RECORDS.

         PRESS "ENTER" TO CONTINUE

-BM4-

      The next few questions are about [HIS/HER] income from:
      [HIS/HER JOBS OR BUSINESSES]
      What was the total amount of income [FIRST AND LAST NAME]
      received from [HIS/HER JOBS OR BUSINESSES] in the month of
      [MONTH4]?
      (ENTER UP TO 5 SEPARATE AMOUNTS FOR THE MONTH)

      (N) None/No more   (S) Same as last amount entered

      ___   ___   ___   ___   ___

      How much did [HE/SHE] receive from [THE JOBS AND/OR BUSINESSES] in [MONTH3]?
      ___   ___   ___   ___   ___

      And in [MONTH2]?

      ___   ___   ___   ___   ___

      And in [MONTH1]?

      ___   ___   ___   ___   ___

-CBB-

It is very important that we collect information about
income amounts that is as complete and accurate as possible.
If I were to call back later, would you or someone else
be able to provide me with this information?

(1) Yes
(2) No

___

-LSTB-

(DO NOT READ TO RESPONDENT)

SEE BELOW FOR BUSINESSES OWNED BY OTHER HOUSEHOLD MEMBERS

Have you asked another person in this household about
the net profit or loss from [ALL BUSINESSES]?

(1) Yes
(2) No

___

-PRFTB-

For [ALL BUSINESSES], what is your best estimate of the
net profit or loss, that is, the difference between
gross receipts and expenses, between [MONTH1] 1st
and the end of [MONTH4]?

ENTER (P) FOR PROFIT OR (L) FOR LOSS AND THEN ENTER AMOUNT
ENTER (P),(1) IF BROKE EVEN

_____ (Profit or Loss)
_____ (Amount)

-MOONLITE-

     [INCOME IN ADDITION TO THE JOBS/BUSINESSES]

     (1) Yes
     (2) No

     ___

-MLM4-

     (JOB/BUSINESS = additional work)

     What was the total amount of income [FIRST AND LAST NAME] received
     from this work in the month of [MONTH4]?

     (ENTER UP TO 5 INDIVIDUAL AMOUNTS FOR THE MONTH)

     (N) None/No more   (S) Same as last amount entered

     ___   ___   ___   ___   ___

     What was it in [MONTH3]?

     ___   ___   ___   ___   ___

     What was it in [MONTH2]?

     ___   ___   ___   ___   ___

     What was it in [MONTH1]?

     ___   ___   ___   ___   ___

-LFREC-

     ** DO NOT READ TO RESPONDENT **

     Did the respondent use any records to
     answer any Labor Force Earnings questions?

     (1) Yes
     (2) No

     ___

General Income, Part 2 - Amount Received from Incomes Reported in General Income, Part 1

-AMTS-

Earlier I recorded that [FIRST AND LAST NAME] received
[INCOME TYPE LISTED]

PRESS ENTER TO CONTINUE

-RESNSS-

What is the reason [FIRST AND LAST NAME] [ARE/IS] getting
[INCOME TYPE LISTED]

Any other reason?

READ ALL CATEGORIES AND SELECT THE MOST APPROPRIATE
ENTER (N) IF NO SECOND REASON

    (1) Retired?
    (2) Disabled?
    (3) Widowed or surviving child?
    (4) Spouse or dependent child?
    (5) Some other reason?

    ____1   ____2

-JNTSSYN-

Did [FIRST AND LAST NAME] receive
SOCIAL SECURITY
jointly with [HIS/HER] spouse?

    (1) Yes
    (2) No

    ____

-DIRECT-

Does [HIS/HER]
SOCIAL SECURITY
payment come in the mail or is it direct deposited
into an account?

   (1) Comes in the mail
   (2) Direct deposited

   ____

-COLSS- SHOW FLASHCARD G

Please look at this flashcard and tell me which
color ENVELOPE [FIRST AND LAST NAME'S] check comes in.

   (1) Blue
   (2) Buff
   (4) Other

   ____

-WHENSS-

Are [HIS/HER] payments usually received on the
first of the month or the third?

   (1) First
   (2) Third
   (3) Other

   ____

-VETTYP-

What type of Veterans payments did [HE/SHE] receive?

   (1) Service-connected disability compensation
   (2) Survivor Benefits
   (3) Veteran's Pension
   (4) Other Veteran's Payments

   ____

-VAQUES-

   [ARE/IS] [FIRST AND LAST NAME] required to fill out an annual
    income questionnaire in order to receive a VA pension?

      (1) Yes
      (2) No

    ____

-AFSRVDIE-

   Earlier I recorded that [FIRST AND LAST NAME] received income as
   a widow/widower.
   Did [HIS/HER] late spouse die while in the service
   or from a service-related injury?

      (1) Yes
      (2) No

    ____

-AFDCMTH-

   [HAVE/HAS] [FIRST AND LAST NAME] received any public
   assistance payments so far in [MONTH5]?

      (1) Yes
      (2) No

    ____

   In [MONTH4]? ____

   In [MONTH3]? ____

   In [MONTH2]? ____

   In [MONTH1]? ____

-YSTOP21-

     What set of circumstances caused [FIRST AND LAST NAME]
     to stop receiving
       [INCOME TYPE LISTED]
     in [MONTH4]?

     (1) Became ineligible because of increased income
     (2) Became ineligible because of family changes
        (family member left, over age limit, etc.)
     (3) Still eligible but could not/chose not to collect
     (4) Other, specify

     ____

-OTHSPS21-

     What reason was that?

     _____

-YBEG21- What set of circumstances led [FIRST AND LAST NAME] to apply for
     [INCOME TYPE LISTED]
     in [MONTH4]? Anything else?
      MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
      RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
      YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Pregnancy/birth of child
     (3) Began receiving for another dependent (e.g. grandchild)
     (4) Separated or divorced from spouse/partner
     (5) Loss of job/wages/other income (own or partner's)
     (6) Loss of other support income
     (7) Just learned about the program
     (8) Just got around to applying
     (9) Became disabled
     (10) Other, specify

     ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSPB21-

    What reason was that?

       _____

-YSTOP22-
    What set of circumstances caused [FIRST AND LAST NAME]
    to stop receiving
      [INCOME TYPE LISTED]
    in [MONTH3]?

    (1) Became ineligible because of increased income
    (2) Became ineligible because of family changes
       (family member left, over age limit, etc.)
    (3) Still eligible but could not/chose not to collect
    (4) Other, specify

    ____

-OTHSPS22-

    What reason was that?

       _____

-YBEG22- What set of circumstances led [FIRST AND LAST NAME] to apply for
     [INCOME TYPE LISTED]
     in [MONTH3]? Anything else?
       MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
       RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
       YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Pregnancy/birth of child
     (3) Began receiving for another dependent (e.g. grandchild)
     (4) Separated or divorced from spouse/partner
     (5) Loss of job/wages/other income (own or partner's)
     (6) Loss of other support income
     (7) Just learned about the program
     (8) Just got around to applying
     (9) Became disabled
     (10) Other, specify

     ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSPB22-

     What reason was that?

     _____

-YSTOP23-
     What set of circumstances caused [FIRST AND LAST NAME]
     to stop receiving
     [INCOME TYPE LISTED]
     in [MONTH2]?

     (1) Became ineligible because of increased income
     (2) Became ineligible because of family changes
          (family member left, over age limit, etc.)
     (3) Still eligible but could not/chose not to collect
     (4) Other, specify

     ____

-OTHSPS23-

    What reason was that?

    _____

-YBEG23- What set of circumstances led [FIRST AND LAST NAME] to apply for
    [INCOME TYPE LISTED]
    in [MONTH2]? Anything else?

      MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
      RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
      YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Pregnancy/birth of child
    (3) Began receiving for another dependent (e.g. grandchild)
    (4) Separated or divorced from spouse/partner
    (5) Loss of job/wages/other income (own or partner's)
    (6) Loss of other support income
    (7) Just learned about the program
    (8) Just got around to applying
    (9) Became disabled
    (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSPB23-

    What reason was that?

    _____

-YBEG220- What set of circumstances led [FIRST AND LAST NAME] to apply for
      [INCOME TYPE LISTED]
      in [MONTH1]? Anything else?

      MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
      RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
      YOU MUST PROBE FOR A SECOND REASON]

      (1) Needed the money
      (2) Pregnancy/birth of child
      (3) Began receiving for another dependent (e.g. grandchild)
      (4) Separated or divorced from spouse/partner
      (5) Loss of job/wages/other income (own or partner's)
      (6) Loss of other support income
      (7) Just learned about the program
      (8) Just got around to applying
      (9) Became disabled
      (10) Other, specify

      ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSP220-

      What reason was that?

      _____

-ADCAMT15- How much did [FIRST AND LAST NAME] receive from Public
        Assistance Payments not including food stamps --

  ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

        Month 4

        _____   _____   _____   _____

        Month 3

        _____   _____   _____   _____

        Month 2

        _____   _____   _____   _____

        Month 1

        _____   _____   _____   _____

-CHCK4-
        NOTE TO FR -----
        THE AMOUNT ENTERED
        IS UNUSUALLY LARGE.

             (1) BACKUP AND CORRECT
             (P) Proceed

             ____

-CHCK3-
        NOTE TO FR -----
        THE AMOUNT ENTERED
        IS UNUSUALLY LARGE.

             (1) BACKUP AND CORRECT
             (P) Proceed

             ____

B1-173

-CHCK2-

     NOTE TO FR -----
     THE AMOUNT ENTERED-
     IS UNUSUALLY LARGE.

         (1) BACKUP AND CORRECT
         (P) Proceed

       ____

-CHCK1-

     NOTE TO FR -----
     THE AMOUNT ENTERED
     IS UNUSUALLY LARGE.

         (1) BACKUP AND CORRECT
         (P) Proceed

       ____

-AFDCAMT4-

     How much did [FIRST AND LAST NAME] receive from Public
     Assistance Payments in [MONTH4]?
     ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

       ____1
       ____2
       ____3
       ____4
       ____5

-BIGINC4-
    NOTE TO FR -----
    THE AMOUNT ENTERED -
    IS UNUSUALLY LARGE.
    PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR
    (P) TO PROCEED.

     (1) BACKUP AND CORRECT
     (P) Proceed

      ____

-CSAGCY4-

    How much child support was collected by the agency in
    [HIS/HER] behalf in [MONTH4]?

     (N) None

      ____

-PASSAMT4-
    How much pass through child support payment
    did [FIRST AND LAST NAME] receive in [MONTH4]?

     (N) None

      ____

-AFDCAMT3-

How much did [FIRST AND LAST NAME] receive from Public
Assistance Payments in [MONTH3]?
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

        ____1
        ____2
        ____3
        ____4
        ____5

-BIGINC3-

NOTE TO FR -----
THE AMOUNT ENTERED - INDEX:,
IS UNUSUALLY LARGE.
PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR
(P) TO PROCEED.

        (1) BACKUP AND CORRECT
        (P) Proceed

        ____

-CSAGCY3-

How much child support was collected by the agency in
[HIS/HER] behalf in [MONTH3]?

        (N) None

        ____

-PASSAMT3-

How much pass through child support payment
did [FIRST AND LAST NAME] receive in [MONTH3]?

(N) None

_____

-AFDCAMT2-

How much did [FIRST AND LAST NAME] receive from Public
Assistance Payments in [MONTH2]?
ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

_____1
_____2
_____3
_____4
_____5

-BIGINC2-

NOTE TO FR -----
THE AMOUNT ENTERED
IS UNUSUALLY LARGE.
PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR
(P) TO PROCEED.

(1) BACKUP AND CORRECT
(P) Proceed

_____

-CSAGCY2-

     How much child support was collected by the agency in
     [HIS/HE]R behalf in [MONTH2]?

       (N) None

       ____

-PASSAMT2-
     How much pass through child support payment
     did [FIRST AND LAST NAME] receive in [MONTH2]?

       (N) None

       ____

-AFDCAMT1-
     How much did [FIRST AND LAST NAME] receive from Public
     Assistance Payments in [MONTH1]?
     ENTER (N) FOR NONE/NO MORE AFTER LAST AMOUNT

       ____1
       ____2
       ____3
       ____4
       ____5

-BIGINC1-
     NOTE TO FR -----
     THE AMOUNT ENTERED -
     IS UNUSUALLY LARGE.
     PRESS (1) TO BACK UP AND CORRECT IT IF IT IS IN ERROR OR
     (P) TO PROCEED.

       (1) BACKUP AND CORRECT
       (P) Proceed

       ____

-CSAGCY1-

How much child support was collected by the agency in
[HIS/HER] behalf in [MONTH1]?

(N) None

____

-PASSAMT1-

How much of pass through child support payment
did [FIRST AND LAST NAME] receive in [MONTH1]?

(N) None

____

-AFDCCOV- Who [DID/DOES], [FIRST AND LAST NAME] Public
Assistance payment cover?
ENTER LINE NUMBER OF PERSON COVERED
ENTER (N) FOR NO ONE/NO MORE
ENTER (A) FOR ALL

____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

____11 ____12 ____13 ____14 ____15 ____16 ____17 ____18 ____19 ____20

-WICMNTH-

    [HAVE/HAS] [FIRST AND LAST NAME] received any WIC
    in [MONTH5]?

        (1) Yes
        (2) No

      ____

    In [MONTH4]? ____

    In [MONTH3]? ____

    In [MONTH2]? ____

    In [MONTH1? ____

-WYSTOP21-

    What set of circumstances caused [FIRST AND LAST NAME]
    to stop receiving
    [INCOME TYPE LISTED]
    in [MONTH4]?

    (1) Became ineligible because of increased income
    (2) Became ineligible because of family changes
       (family member left, over age limit, etc.)
    (3) Still eligible but could not/chose not to collect
    (4) Other, specify

      ____

-OTHSWS21-

    What reason was that?

      ____1
      ____2

-WYBEG21- What set of circumstances led [FIRST AND LAST NAME] to apply for
        [INCOME TYPE LISTED]
    in [MONTH4]? Anything else?

    MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
    RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
    YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Pregnancy/birth of child
    (3) Began receiving for another dependent (e.g. grandchild)
    (4) Separated or divorced from spouse/partner
    (5) Loss of job/wages/other income (own or partner's)
    (6) Loss of other support income
    (7) Just learned about the program
    (8) Just got around to applying
    (9) Became disabled
    (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSWB21-

    What reason was that?

    _____

-WYSTOP22-

What set of circumstances caused [FIRST AND LAST NAME]
to stop receiving
  [INCOME TYPE LISTED]
in [MONTH3]?

(1) Became ineligible because of increased income
(2) Became ineligible because of family changes
    (family member left, over age limit, etc.)
(3) Still eligible but could not/chose not to collect
(4) Other, specify

____

-OTHSWS22-

What reason was that?

_____

-WYBEG22- What set of circumstances led [FIRST AND LAST NAME] to apply for
    [INCOME TYPE LISTED]
    in [MONTH3]? Anything else?

    MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
    RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
    YOU MUST PROBE FOR A SECOND REASON

(1) Needed the money
(2) Pregnancy/birth of child
(3) Began receiving for another dependent (e.g. grandchild)
(4) Separated or divorced from spouse/partner
(5) Loss of job/wages/other income (own or partner's)
(6) Loss of other support income
(7) Just learned about the program
(8) Just got around to applying
(9) Became disabled
(10) Other, specify

____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSWB22-

    What reason was that?

      _____

-WYSTOP23-
    What set of circumstances caused [FIRST AND LAST NAME]
    to stop receiving
    [INCOME TYPE LISTED]
    in [MONTH2]?

    (1) Became ineligible because of increased income
    (2) Became ineligible because of family changes
        (family member left, over age limit, etc.)
    (3) Still eligible but could not/chose not to collect
    (4) Other, specify

    ____

-OTHSWS23-

    What reason was that?

      _____

-WYBEG23- What set of circumstances led [FIRST AND LAST NAME] to apply for
     [INCOME TYPE LISTED]
     in [MONTH2]? Anything else?

     MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
     RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
     YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Pregnancy/birth of child
     (3) Began receiving for another dependent (e.g. grandchild)
     (4) Separated or divorced from spouse/partner
     (5) Loss of job/wages/other income (own or partner's)
     (6) Loss of other support income
     (7) Just learned about the program
     (8) Just got around to applying
     (9) Became disabled
     (10) Other, specify

     ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSWB23-

     What reason was that?

     _____

-WYBEG220- What set of circumstances led [FIRST AND LAST NAME] to apply for
      [INCOME TYPE LISTED]
   in [MONTH1]? Anything else?

   MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
   RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
   YOU MUST PROBE FOR A SECOND REASON

   (1) Needed the money
   (2) Pregnancy/birth of child
   (3) Began receiving for another dependent (e.g. grandchild)
   (4) Separated or divorced from spouse/partner
   (5) Loss of job/wages/other income (own or partner's)
   (6) Loss of other support income
   (7) Just learned about the program
   (8) Just got around to applying
   (9) Became disabled
   (10) Other, specify

   ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTSPW220-

   What reason was that?

   _____

-WICPER-
   Who[DO/DOES] WIC cover ?
   ENTER LINE NUMBER OF PERSON COVERED
   ENTER (N) FOR NO ONE/NO MORE
   ENTER (A) FOR ALL

   ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

   ____11 ____12 ____13 ____14 ____15 ____16 ____17 ____18 ____19 ____20

-FSMTHYN-

Did [FIRST AND LAST NAME] receive Food Stamps
in [MONTH5]?

(1) Yes
(2) No

____

In [MONTH4]? ____

In [MONTH3]? ____

In [MONTH2]? ____

In [MONTH1]? ____

-FYSTOP21-

What set of circumstances caused [FIRST AND LAST NAME]
to stop receiving
[INCOME TYPE LISTED]
in [MONTH4]?

(1) Became ineligible because of increased income
(2) Became ineligible because of family changes
     (family member left, over age limit, etc.)
(3) Still eligible but could not/chose not to collect
(4) Other, specify

____

-OTHSFS21-

What reason was that?

_____

-FYBEG21- What set of circumstances led [FIRST AND LAST NAME] to apply for
     [INCOME TYPE LISTED]
     in [MONTH4]? Anything else?

     MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
     RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
     YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Pregnancy/birth of child
    (3) Began receiving for another dependent (e.g. grandchild)
    (4) Separated or divorced from spouse/partner
    (5) Loss of job/wages/other income (own or partner's)
    (6) Loss of other support income
    (7) Just learned about the program
    (8) Just got around to applying
    (9) Became disabled
    (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSFB21-

What reason was that?

_____

-FYSTOP22-

     What set of circumstances caused [FIRST AND LAST NAME]
     to stop receiving
       [INCOME TYPE LISTED]
     in [MONTH3]?

     (1) Became ineligible because of increased income
     (2) Became ineligible because of family changes
         (family member left, over age limit, etc.)
     (3) Still eligible but could not/chose not to collect
     (4) Other, specify

     ____

-OTHSFS22-

     What reason was that?

     _____

-FYBEG22- What set of circumstances led [FIRST AND LAST NAME] to apply for
       [INCOME TYPE LISTED]
     in [MONTH3]? Anything else?

      MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
      RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
      YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Pregnancy/birth of child
     (3) Began receiving for another dependent (e.g. grandchild)
     (4) Separated or divorced from spouse/partner
     (5) Loss of job/wages/other income (own or partner's)
     (6) Loss of other support income
     (7) Just learned about the program
     (8) Just got around to applying
     (9) Became disabled
     (10) Other, specify

     ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSFB22-

     What reason was that?

     _____

-FYSTOP23-
     What set of circumstances caused [FIRST AND LAST NAME]
     to stop receiving
     [INCOME TYPE LISTED]
     in [MONTH2]?

     (1) Became ineligible because of increased income
     (2) Became ineligible because of family changes
         (family member left, over age limit, etc.)
     (3) Still eligible but could not/chose not to collect
     (4) Other, specify

     ____

-OTHSFS23-

     What reason was that?

     _____

-FYBEG23- What set of circumstances led [FIRST NAME LAST NAME] to apply for
        [INCOME TYPE LISTED]
    in [MONTH2]? Anything else?

        MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
        RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
        YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Pregnancy/birth of child
    (3) Began receiving for another dependent (e.g. grandchild)
    (4) Separated or divorced from spouse/partner
    (5) Loss of job/wages/other income (own or partner's)
    (6) Loss of other support income
    (7) Just learned about the program
    (8) Just got around to applying
    (9) Became disabled
    (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTHSFB23-

    What reason was that?

    _____

-FYBEG220- What set of circumstances led [FIRST AND LAST NAME] to apply for
    [INCOME TYPE LISTED]
    in [MONTH1]? Anything else?

    MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
    RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
    YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Pregnancy/birth of child
    (3) Began receiving for another dependent (e.g. grandchild)
    (4) Separated or divorced from spouse/partner
    (5) Loss of job/wages/other income (own or partner's)
    (6) Loss of other support income
    (7) Just learned about the program
    (8) Just got around to applying
    (9) Became disabled
    (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-OTSPF220-

    What reason was that?

    _____

-FSAMT15- What was the amount of Food Stamps [FIRST AND LAST NAME]
          received in:

  ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT

       Month 4

       ____   _____   _____   _____

       Month 3

       ____   _____   _____   _____

       Month 2

       ____   _____   _____   _____

       Month 1

       ____   _____   _____   _____

-BIGFS4-
       NOTE TO FR -----
       THE AMOUNT ENTERED -
       IS UNUSUALLY LARGE.

          (1) BACKUP AND CORRECT
          (P) Proceed

           __

-BIGFS3-
       NOTE TO FR -----
       THE AMOUNT ENTERED -
       IS UNUSUALLY LARGE.

          (1) BACKUP AND CORRECT
          (P) Proceed

           __

-BIGFS2-

     NOTE TO FR -----
     THE AMOUNT ENTERED -
     IS UNUSUALLY LARGE.

        (1) BACKUP AND CORRECT
        (P) Proceed

      __

-BIGFS1-

     NOTE TO FR -----
     THE AMOUNT ENTERED
     IS UNUSUALLY LARGE.

        (1) BACKUP AND CORRECT
        (P) Proceed

      __

-FSPER- Who [DID/DOES] [FIRST AND LAST NAME]
     Food Stamps cover?
     ENTER LINE NUMBER OF PERSON COVERED
     ENTER (N) FOR NO ONE/NO MORE. ENTER (A) FOR ALL

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

    ____11 ____12 ____13 ____14 ____15 ____16 ____17 ____18 ____19 ____20

-CSMTH-

    [HAVE/HAS] [FIRST AND LAST NAME] received any
    Child Support payments in
    [MONTH5]?

      (1) Yes
      (2) No

      ____

    In [MONTH4]? ____

    In [MONTH3]? ____

    In [MONTH2]? ____

    In [MONTH1]? ____

-CSAMT15-

    What was the amount of child support [FIRST AND LAST NAME] received:

 ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

    Month 4

    ____   _____   _____   _____

    Month 3

    ____   _____   _____   _____

    Month 2

    ____   _____   _____   _____

    Month 1

    ____   _____   _____   _____

-BIGCS4-

     NOTE TO FR -----
     THE AMOUNT ENTERED
     IS UNUSUALLY LARGE.
         (1) BACKUP AND CORRECT
         (P) Proceed

         ____

-BIGCS3-

     NOTE TO FR -----
     THE AMOUNT ENTERED
     IS UNUSUALLY LARGE.

         (1) BACKUP AND CORRECT
         (P) Proceed

         ____

-BIGCS2-

     NOTE TO FR -----
     THE AMOUNT ENTERED -
     IS UNUSUALLY LARGE.

         (1) BACKUP AND CORRECT
         (P) Proceed

         ____

-BIGCS1-

     NOTE TO FR -----
     THE AMOUNT ENTERED -
     IS UNUSUALLY LARGE.

         (1) BACKUP AND CORRECT
         (P) Proceed

         ____

-MNTHYN-

    [HAVE/HAS] [FIRST AND LAST NAME] received any

     [INCOME TYPE LISTED]

    in [MONTH5]?

      (1) Yes
      (2) No

     ____

    In [MONTH4]? ____

    In [MONTH3]? ____

    In [MONTH2]? ____

    In [MONTH1]? ____

-MYSTOP21-

    What set of circumstances caused [FIRST AND LAST NAME]
    to stop receiving:
    [INCOME TYPE LISTED]

    in [MONTH4]?

    (1) Became ineligible because of increased income
    (2) Became ineligible because of family changes
       (family member left, over age limit, etc.)
    (3) Still eligible but could not/chose not to collect
    (4) Other, specify

     ____

-OTHSMS21-

    What reason was that?

_____

-MYBEG21L- What set of circumstances led [FIRST AND LAST NAME] to apply for

      [INCOME TYPE LISTED]

      in [MONTH4]? Anything else?
     MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
     RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
     YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Pregnancy/birth of child
     (3) Began receiving for another dependent (e.g. grandchild)
     (4) Separated or divorced from spouse/partner
     (5) Loss of job/wages/other income (own or partner's)
     (6) Loss of other support income
     (7) Just learned about the program
     (8) Just got around to applying
     (9) Became disabled
     (10) Other, specify

     ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-MYBEG21S- What set of circumstances led [FIRST AND LAST NAME] to apply for
     [INCOME TYPE LISTED]

     in [MONTH4]? Anything else?

     MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

     NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS
     THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Became disabled/blind
     (3) Over 65
     (4) Other, specify

     ____1 ____2 ____3 ____4

-OTHSMB21-

     What reason was that?

       _____

-MYSTOP22-
     What set of circumstances caused [FIRST AND LAST NAME]
     to stop receiving
     [INCOME TYPE LISTED]
     in [MONTH3]?

     (1) Became ineligible because of increased income
     (2) Became ineligible because of family changes
          (family member left, over age limit, etc.)
     (3) Still eligible but could not/chose not to collect
     (4) Other, specify

     ____

-OTHSMS22-

     What reason was that?

       _____

-MYBEG22L- What set of circumstances led [FIRST AND LAST NAME] to apply for
      [INCOME TYPE LISTED]
    in [MONTH3]? Anything else?
    MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
    RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
    YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Pregnancy/birth of child
    (3) Began receiving for another dependent (e.g. grandchild)
    (4) Separated or divorced from spouse/partner
    (5) Loss of job/wages/other income (own or partner's)
    (6) Loss of other support income
    (7) Just learned about the program
    (8) Just got around to applying
    (9) Became disabled
    (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-MYBEG22S- What set of circumstances led [FIRST AND LAST NAME] to apply for
      [INCOME TYPE LISTED]
    in [MONTH3]? Anything else?

    MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE

    NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT   ACCEPTABLE
    AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

    (1) Needed the money
    (2) Became disabled/blind
    (3) Over 65
    (4) Other, specify

    ____1 ____2 ____3 ____4

-OTHSMB22-

    What reason was that?

    _____-0

-MYSTOP23-
    What set of circumstances caused [FIRST AND LAST NAME]
    to stop receiving
       [INCOME TYPE LISTED]
    in [MONTH2]?

    (1) Became ineligible because of increased income
    (2) Became ineligible because of family changes
         (family member left, over age limit, etc.)
    (3) Still eligible but could not/chose not to collect
    (4) Other, specify

    ____

-OTHSMS23-

    What reason was that?

    _____

-MYBEG23L- What set of circumstances led [FIRST AND LAST NAME] to apply for

       [INCOME TYPE LISTED]

       in [MONTH2]? Anything else?
MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE, YOU
MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Pregnancy/birth of child
     (3) Began receiving for another dependent (e.g. grandchild)
     (4) Separated or divorced from spouse/partner
     (5) Loss of job/wages/other income (own or partner's)
     (6) Loss of other support income
     (7) Just learned about the program
     (8) Just got around to applying
     (9) Became disabled
     (10) Other, specify

    ____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-MYBEG23S- What set of circumstances led [FIRST AND LAST NAME] to apply for
     [INCOME TYPE LISTED]

     in [MONTH2]? Anything else?

     MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
     RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
     YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Became disabled/blind
     (3) Over 65
     (4) Other, specify

    ____1 ____2 ____3 ____4

-OTHSMB23-

What reason was that?

_____

-MYBEG220L- What set of circumstances led [FIRST AND LAST NAME] to apply for

[INCOME TYPE LISTED]

in [MONTH1]? Anything else?
MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE NOTE TO FR: THE FIRST
RESPONSE "NEEDED THE MONEY" IS NOT ACCEPTABLE AS THE ONLY RESPONSE,
YOU MUST PROBE FOR A SECOND REASON

(1) Needed the money
(2) Pregnancy/birth of child
(3) Began receiving for another dependent (e.g. grandchild)
(4) Separated or divorced from spouse/partner
(5) Loss of job/wages/other income (own or partner's)
(6) Loss of other support income
(7) Just learned about the program
(8) Just got around to applying
(9) Became disabled
(10) Other, specify

____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

-MYBEG220S- What set of circumstances led [FIRST AND LAST NAME] to apply for

     [INCOME TYPE LISTED]

     in [MONTH1]? Anything else?

     MARK ALL THAT APPLY; ENTER "N" AFTER LAST RESPONSE
     NOTE TO FR: THE FIRST RESPONSE "NEEDED THE MONEY" IS NOT   ACCEPTABLE
     AS THE ONLY RESPONSE, YOU MUST PROBE FOR A SECOND REASON

     (1) Needed the money
     (2) Became disabled/blind
     (3) Over 65
     (4) Other, specify

     ____1 ____2 ____3 ____4

-OTSPM220-

     What reason was that?

     _____

-MNTHAMT15- For each payment, please report the total amount

        How much [INCOME TYPE LISTED]
         did [FIRST AND LAST NAME] receive?

  ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.

        Month 4

        ____   _____   _____   _____

        Month 3

        ____   _____   _____   _____

        Month 2

        ____   _____   _____   _____

        Month 1

        ____   _____   _____   _____

-BIGAMT4-
      NOTE TO FR -----
      THE AMOUNT ENTERED,
      IS UNUSUALLY LARGE.

            (1) BACKUP AND CORRECT
            (P) Proceed

            ____

-BIGAMT3-
      NOTE TO FR -----
      THE AMOUNT ENTERED -
      IS UNUSUALLY LARGE.

            (1) BACKUP AND CORRECT
            (P) Proceed

            ____

-BIGAMT2-

   NOTE TO FR -----
   THE AMOUNT ENTERED -
   IS UNUSUALLY LARGE.

      (1) BACKUP AND CORRECT
      (P) Proceed

      ____

-BIGAMT1-

   NOTE TO FR -----
   THE AMOUNT ENTERED -
   IS UNUSUALLY LARGE.

      (1) BACKUP AND CORRECT
      (P) Proceed

      ____

-ROLLOVR1-

   Did [FIRST AND LAST NAME] re-invest or "roll over" any of the
   money into an IRA or some other kind of retirement plan?

      (1) Yes
      (2) No

      ____

-ROLLOVR2-

   [DO/DOES] [FIRST AND LAST NAME] plan to re-invest or
   "roll over" any of the money?

      (1) Yes
      (2) No

      ____

-ROLLAMT-

How much [DO/DOES FIRST AND LAST NAME] "roll over" into an other
RETIREMENT account?

ENTER (A) FOR ALL

____

-TMCOV- Who did these [INCOME TYPE LISTED]
payments cover?
ENTER LINE NUMBER OF PERSON COVERED
ENTER (N) FOR NO ONE/NO MORE.
ENTER (A) FOR ALL

____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

____11 ____12 ____13 ____14 ____15 ____16 ____17 ____18 ____19 ____20

-KDMTHYN-

Were any [INCOME TYPE LISTED]
payments received for
[FIRST AND LAST NAME] children in [MONTH5]?

(1) Yes
(2) No

____5
In [MONTH4]? ____4

In [MONTH3]? ____3

In [MONTH2]? ____2

In [MONTH1]? ____1

-KIDAMT15- For each payment, please report the total amount

How much [INCOME TYPE LISTED]
was received:

ENTER (N) FOR NONE/NO MORE. ENTER (S) FOR SAME AS PREVIOUS AMOUNT.[n]

Month 4

____   _____   _____   _____

Month 3

____   _____   _____   _____

Month 2

____   _____   _____   _____

Month 1

____   _____   _____   _____

-BIGKAMT4-
NOTE TO FR -----
THE AMOUNT ENTERED
IS UNUSUALLY LARGE.
(P) TO PROCEED.

(1) BACKUP AND CORRECT
(P) Proceed

____

-BIGKAMT3-
NOTE TO FR -----
THE AMOUNT ENTERED
IS UNUSUALLY LARGE.

(1) BACKUP AND CORRECT
(P) Proceed

____

-BIGKAMT2-

  NOTE TO FR -----
  THE AMOUNT ENTERED,
  IS UNUSUALLY LARGE.

   (1) BACKUP AND CORRECT
   (P) Proceed

   ____

-BIGKAMT1-

  NOTE TO FR -----
  THE AMOUNT ENTERED
  IS UNUSUALLY LARGE.

   (1) BACKUP AND CORRECT
   (P) Proceed

   ____

-SSKIDCOV- Who did these [INCOME TYPE LISTED]
  payments cover?
  ENTER LINE NUMBER OF PERSON COVERED
  ENTER (N) FOR NO ONE/NO MORE
  ENTER (A) FOR ALL

____1 ____2 ____3 ____4 ____5 ____6 ____7 ____8 ____9 ____10

____11 ____12 ____13 ____14 ____15 ____16 ____17 ____18 ____19 ____20

-GINCRECUSE-
     ** DO NOT READ TO RESPONDENT **

     Did respondent use any records when reporting
     the amount of income received from:
     [INCOME TYPE LISTED]

         (1) Yes
         (2) No

        ____

Assets, Part 2 - Income Received from Assets Owned

-ASSTINTRO1-
     Now I am going to ask about any interest earned
     from assets from [MONTH1] 1st to the end of [MONTH4].
[EXCLUDE ANY ASSETS THAT YOU HOLD AS PART OF YOUR IRA/KEOGH/401K/THRIFT
SAVINGS RETIREMENT PLAN]

     PRESS "ENTER" TO CONTINUE

     ___

-JT-

     Did you own your [ASSET TYPE REPORTED]
     jointly with your spouse?

     (1) Yes
     (2) No

     ___

-JTINT-   (REFERENCE PERIOD = [MONTH1] 1ST TO THE END OF [MONTH 4])

     What is the total amount of interest earned on these jointly held [ASSET TYPE   REPORTED]?

     ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
     ENTER (N) FOR NONE/NO MORE

     --------.--   --------.--   --------.--
     --------.--   --------.--   --------.--
     --------.--   --------.--   --------.--
     --------.--   --------.--   --------.--

-AJTINT-
     ENTER THE INTEREST AMOUNT EARNED PER YEAR [ASSET TYPE REPORTED]

     --------.--

-JTAMT-
     What is the average amount that you and your spouse had
     in these jointly held [ASSET TYPE REPORTED]?
     --------.--

-JCAT1B-   FR NOTE: ASSET IS [ASSET TYPE REPORTED]
        Is it:

            (1) Less than $500
            (2) $500 to $1,000
            (3) $1,001 to $5,000
            (4) More than $5,000

            ___

-JCAT2B-   FR NOTE: ASSET IS: [ASSET TYPE REPORTED]
        Is it:

            (1) Less than $ 1,000
            (2) $1,000 to $ 5,000
            (3) $5,001 to $10,000
            (4) More than $10,000

            ___

-OAST-
        Besides any [ASSET TYPE REPORTED]
        owned jointly with your spouse, did they have any in their own name?

            (1) Yes
            (2) No

            ___

-OINT-
            (REFERENCE PERIOD = [MONTH 1] 1ST TO THE END OF [MONTH 4])

            What is the total amount of interest you earned
            on your [ASSET TYPE REPORTED]?
            ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
            ENTER (N) FOR NONE/NO MORE

    --------.--   --------.--   --------.--
    --------.--   --------.--   --------.--
    --------.--   --------.--   --------.--
    --------.--   --------.--   --------.--

-AOINT-
     ENTER THE INTEREST AMOUNT EARNED PER YEAR

        --------.--

-OAMT-
     What is the average amount that you had in these
     [ASSET TYPE REPORTED]?

        --------.--

-OCAT1B-   FR NOTE: ASSET IS :[ASSET TYPE REPORTED]
     Is it:

          (1) Less than $500
          (2) $500 to $1,000
          (3) $1,001 to $5,000
          (4) More than $5,000

          ___

-OCAT2B-   FR NOTE: ASSET IS: [ASSET TYPE REPORTED]
     Is it:

          (1) Less than $1000
          (2) $1,000 to $5,000
          (3) $5,001 to $10,000
          (4) More than $10,000

          ___

-CBINT-
     If I were to call back later would you be able to
     provide me with the INTEREST amount earned from:

        [LIST OF ASSET TYPES WITH NO INTEREST REPORT]

          (1) Yes
          (2) No

          ___

-ANYCHK-

      (REFERENCE PERIOD = [MONTH 1] 1ST TO THE END OF [MONTH 4])

      Earlier you told me you owned... [ASSET TYPE REPORTED].
      Did you receive any dividend checks?

      [INCLUDE CHECKS MADE OUT JOINTLY TO YOU AND YOUR SPOUSE]

        (1) Yes
        (2) No

        ___

-JTDIV-

      (REFERENCE PERIOD = [MONTH 1] 1ST TO THE END OF [MONTH 4])

      How much was received in dividend checks made out
      jointly to you and spouse?

      ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
      ENTER (N) FOR NONE/NO MORE

      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--

-AJTDIV-

     ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

      --------.--

-ODIV-

     (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

     How much did you receive in dividend checks
     in your name only?

     ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
     ENTER (N) FOR NONE/NO MORE

      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--

-AODIV-

     ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

      --------.--

-OTHDIV-

     Did you earn any dividends that were
     credited against a margin account or automatically
     reinvested?

       (1) Yes
       (2) No

       ___

-JAMTDV-

      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

How much of these kinds of dividends did you
earn jointly with your spouse ?

      ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
      ENTER (N) FOR NONE/NO MORE

      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--

-AJAMTDV-

      ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

      --------.--

-OAMTDV-

      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

How much of these kinds of dividends did you
earn in your name only?

      ENTER (A) FOR ALTERNATIVE ANNUAL REPORTING
      ENTER (N) FOR NONE/NO MORE

      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--
      --------.--   --------.--   --------.--

-AOAMTDV-
        ENTER THE DIVIDEND AMOUNT EARNED PER YEAR

        --------.--

-CBDIV-
        If I were to call back later would you be able
        to provide me with the DIVIDEND amount earned from

        [ASSET TYPE REPORTED]

            (1) Yes
            (2) No

            ___

-JNTRNT-
        (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

        Earlier you told me that you owned some rental property.
        Did you receive any rental income from property
        owned jointly by you and your spouse ?

            (1) Yes
            (2) No

            ___

-JARNT-
        (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

        How much was received in gross rent from this property?

        ENTER (N) FOR NONE/NO MORE

        ---------.--
        ---------.--
        ---------.--
        ---------.--

-JACLR-
      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      What was your net income or loss after expenses?
      (ENTER LOSS AS A NEGATIVE AMOUNT)

      ENTER (N) FOR NONE/NO MORE

      ---------.--
      ---------.--
      ---------.--
      ---------.--

-OWNRNT-
      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      Did you receive rental income from property
      owned entirely in your own name?

         (1) Yes
         (2) No

        ___

-OARNT-
      (REFERENCE PERIOD =[Month 1] 1ST TO THE END OF [Month 4])

      How much was received in gross rent from all properties?

      ENTER (N) FOR NONE/NO MORE

      --------.--
      --------.--
      --------.--
      --------.--

-OACLR-
      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      What was your net income or loss after expenses?
      (ENTER LOSS AS A NEGATIVE AMOUNT)

      ENTER (N) FOR NONE/NO MORE

      --------.--
      --------.--
      --------.--
      --------.--

-JRNT2-
     (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      Did you receive any rental income from property
      owned jointly with others [NOT INCLUDING PROPERTY OWNED ENTIRELY BY   YOU
AND YOUR SPOUSE]?

      (1) Yes
      (2) No

      ___

-JACLR2-
      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      What was your share of the net income
      or loss after expenses on this property?
      (ENTER LOSS AS A NEGATIVE AMOUNT)

      ENTER (N) FOR NONE/NO MORE

      --------.--
      --------.--
      --------.--
      --------.--

-MRTJNT-

       (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

       Earlier you said you held a mortgage.
       Do you own this jointly with your spouse?

          (1) Yes
          (2) No

         ___

-MIJNT-

       (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

       How much interest was paid to you and your spouse by the borrower?

       ENTER (N) FOR NONE/NO MORE

       ---------.--
       ---------.--
       ---------.--
       ---------.--

-MRTOWN-

     [BESIDES THESE JOINTLY HELD MORTGAGES,]
     did you hold any mortgages in your own name?

         (1) Yes
         (2) No

        ___

```
--------------------------------------------------------------------------------
```
-MIOWN-

      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      How much interest was paid to you by the borrower?

      ENTER (N) FOR NONE/NO MORE

      ---------.--
      ---------.--
      ---------.--
      ---------.--


```
--------------------------------------------------------------------------------
```
-RNDUP1-

      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

      Earlier you said you had income from royalties.
      How much did you receive from these royalties?
      If income is shared, count only your share.

      ENTER (N) FOR NONE/NO MORE

      ---------.--
      ---------.--
      ---------.--
      ---------.--

-RNDUP2-

      (REFERENCE PERIOD = [Month 1] 1ST TO THE END OF [Month 4])

    Earlier you said that you had investment(s):
     [NAMES OF BUSINESSES RESPONDENT]
     HAS INVESTED IN, WITHOUT BEING ACTIVELY INVOLVED IN
MANAGEMENT]

     [NAMES OF "OTHER FINANCIAL INVESTIMENTS" MENTIONED EARLIER]

    How much did you receive from these investments?
    If income shared, count only your share.
    (ENTER LOSS AS A NEGATIVE AMOUNT)

    ENTER (N) FOR NONE/NO MORE

    --------.--
    --------.--
    --------.--
    --------.--

-ASTRECUSE-
    ** DO NOT READ TO RESPONDENT **

    Did respondent use any records
    to answer any Asset questions?

      (1) Yes
      (2) No

      ___

Health Insurance

_____

-HLTHINT-

Now I'm going to ask you about health insurance.

PRESS "ENTER" TO CONTINUE

_____

-MCARE-
   (SHOW FLASHCARD H)

At any time between [FIRST MONTH OF REFERENCE PERIOD] 1st and today
[WAS/WERE] [NAME OF PERSON/YOU] covered by Medicare?

  (1) Yes
  (2) No

_____

-CARETHEN-

In which months [WAS/WERE] [NAME OF PERSON/YOU]
covered by Medicare?

   (1) Yes
   (2) No

   ___ In this month?
   ___ In [FOURTH MONTH OF REFERENCE PERIOD]?
   ___ In [THIRD MONTH OF REFERENCE PERIOD]?
   ___ In [SECOND MONTH OF REFERENCE PERIOD]?
   ___ In [FIRST MONTH OF REFERENCE PERIOD]?

_____

-MCNUMB-

May I see [YOUR/HIS/HER] Medicare card to record the
claim number and type of coverage?

**FLASHCARD H PROVIDES EXAMPLES OF MEDICARE CARDS
WHICH IS TO BE SHOWN TO THE RESPONDENT**.

  (N) Card Not Available
  (A) Railroad Retirement Card **(FR: DO NOT RECORD NUMBER)**

-MCBACK-

If I were to call later would you be able to provide me
with [YOUR/HIS/HER] Medicare number?

    (1) Yes
    (2) No

-CAIDNOW-

[Last time I recorded that [NAME OF PERSON/YOU] [WAS/WERE] covered by [Medicaid/OTHER NAME FOR MEDICAID.]]

At any time between [FIRST MONTH OF REFERENCE PERIOD] 1st and the
end of [FOURTH MONTH OF REFERENCE PERIOD] [WAS/WERE] [NAME OF PERSON/YOU] covered by Medicaid [which you may also know as OTHER NAME   FOR MEDICAID]?

    (1) Yes
    (2) No

-CAIDOTH-

Last time I recorded that [NAME OF PERSON/YOU] [WAS/WERE] covered by a public assistance medical program.

At any time between [FIRST MONTH OF REFERENCE PERIOD] 1st and the end of   [FOURTH MONTH OF REFERENCE PERIOD] [WAS/WERE] [NAME OF   PERSON/YOU] covered by any other public assistance program that pays for medical   care?

    (1) Yes
    (2) No

-CAIDNM-

May I see [YOUR/HIS/HER] Medicaid [/OTHER NAME FOR MEDICAID]
card to verify the name of the medical program?

**NAMES OF CHILDREN COVERED MAY BE LISTED
ON THE CARD OF THE PRIMARY RECIPIENT**.

    (N) Card Not Available
    (1) Verified to be a Medicaid[/OTHER NAME FOR MEDICAID] card.

-KIDCOV-

How about [YOUR/HIS/HER] [child/children]
[Were/Was] ***READ NAME(S) LISTED BELOW***
covered by Medicaid[/OTHER NAME FOR MEDICAID]
or some other public assistance medical program at any
time between [FIRST MONTH OF REFERENCE PERIOD] 1st and today?

    (1) Yes   (2) No

-CAIDKIDS-   **PARENT IS [FIRST AND LAST NAME OF PERSON]**

Which of [YOUR/HIS/HER] children [WAS/WERE] covered by
Medicaid[/OTHER NAME FOR MEDICAID]?

ENTER "N" FOR NO MORE

___ ___ ___ ___ ___ ___ ___ ___

___ ___ ___ ___ ___ ___ ___

-CDMNTH-

In which months [WAS/WERE] [NAME OF PERSON/YOU/YOUR] [and YOUR/HIS/HER]
[covered/child covered/children covered]--

READ EACH ANSWER CATEGORY

    (1) Yes
    (2) No

    ___ In [MONTH OF INTERVIEW]?
    ___ In [FOURTH MONTH OF REFERENCE PERIOD]?
    ___ In [THIRD MONTH OF REFERENCE PERIOD]?
    ___ In [SECOND MONTH OF REFERENCE PERIOD]?
    ___ In [FIRST MONTH OF REFERENCE PERIOD]?

-HIVER-

Earlier I recorded that for some, or all, of the time from [FIRST MONTH OF REFERENCE PERIOD]
1st through today [NAME OF PERSON/YOU] [WAS/WERE] covered by a health insurance plan held
in the name of [FIRST AND LAST NAME OF PERSON]. Is that correct?

    (1) Yes
    (2) No

-H4MNTH-

[Last time I recorded that [NAME OF PERSON/YOU] [WAS/WERE] [covered by health insurance/covered by health insurance held in the name of/NOT covered by health insurance/covered by Medicare.]]

[Other than Medicaid/OTHER NAME FOR MEDICAID/Other than Medicare we just talked about/Other than the medical assistance program] [and Medicare we just talked about/we just talked about/and Medicare/we just talked about and Medicare] [ARE/IS] [YOU/NAME OF PERSON] covered by [any other] health insurance--**READ EACH ANSWER CATEGORY**

(1) Yes   (2) No   (N) NONE OF THESE MONTHS

__ In this month?
__ [WAS/WERE] [YOU/HE/SHE] covered in [FOURTH MONTH OF REFERENCE PERIOD]?
__ In [THIRD MONTH OF REFERENCE PERIOD]?
__ In [SECOND MONTH OF REFERENCE PERIOD]?
__ In [FIRST MONTH OF REFERENCE PERIOD]?

-CBHINS-

If I were to call back later would it be possible
for me to get this information?

(1) Yes
(2) No

-HIOWN-

During any time from [FIRST MONTH OF REFERENCE PERIOD] 1st through today,
did [NAME OF PERSON/YOU] also have health insurance in [YOUR/HIS/HER] own name?

(1) Yes
(2) No

-HIOWNER-

[IS/WAS] [YOUR/HIS/HER] health insurance coverage in [YOUR/HIS/HER] own name or [ARE/WERE/WAS] [YOU/HE/SHE] covered as a family member on someone else's plan?

(1) Plan in own name
(2) Covered by someone else's plan
(3) Both

-HIHOLDR-

Who had the health insurance plan that covered [NAME OF PERSON/YOU]?

ENTER THE LINE NUMBER OF THE PERSON

(N) No one currently living here

-HEMPLY-

[Let's talk about the plan in [YOUR/HIS/HER/that person's] [name/own name.]
Was the health insurance obtained through--

READ ANSWER CATEGORIES

(1) [YOUR/HIS/HER/that person's] current employer or work
(2) [YOUR/HIS/HER/that person's] former employer
(3) [YOUR/HIS/HER/that person's] union
(4) CHAMPUS
(5) CHAMPVA
(6) Or the Military/VA health care
(7) Privately purchased
(8) Or in some other way

-HICOST-

[DOES/DID] [that person's/YOUR/HIS/HER] [current employer/former employer/union] pay all, part, or none of the premium of the plan?

(1) All
(2) Part
(3) None

-HIPERS-

Other than [NAME OF PERSON/YOU], who else was covered
by this plan?

(ENTER LINE NUMBERS OF PERSONS COVERED)
ENTER "N" AFTER LAST LINE NUMBER IS ENTERED.
    (A) All household members
    (N) No one in the household/No more

___   ___   ___   ___   ___   ___   ___   ___

___   ___   ___   ___   ___   ___   ___

-HIOTHR-

During the period from [FIRST MONTH OF REFERENCE PERIOD] 1st through
the end of [LAST MONTH OF REFERENCE PERIOD], did this plan also cover
anyone who did NOT live in this household?

    (1) Yes
    (2) No

-HIWHO-

Who, OUTSIDE this household, did the plan cover?

ENTER "1" FOR EACH YES THAT APPLIES.
ENTER "2" FOR EACH NO THAT APPLIES.

   ___ Spouse/Partner
   ___ Children 18 years of age or older
   ___ Children under 18 years old
   ___ Others

-H1KDCOV-

Was [FIRST AND LAST NAME OF PERSON] covered by a health insurance plan [other than Medicaid] at any time between [FIRST MONTH OF REFERENCE PERIOD] 1st and today?

    (1) Yes
    (2) No

-H2KDCOV-

Which children if any were covered by a health insurance plan [other than Medicaid] at anytime between [FIRST MONTH OF REFERENCE PERIOD] 1st and today?

READ LIST OF CHILDREN'S NAMES DISPLAYED
ENTER APPROPRIATE LINE NUMBER OF EACH CHILD COVERED.
ENTER "N" FOR NONE OF THESE CHILDREN/NO MORE.

   ___   ___   ___   ___   ___   ___   ___   ___

   ___   ___   ___   ___   ___   ___   ___

-HI1OUT-

Was [NAME OF PERSON] covered by the health insurance plan
of someone who does NOT currently live in the household?

    (1) Yes
    (2) No

-HI2OUT-

Which children if any were covered by the health insurance plan of
someone who does NOT currently live in the household?

READ LIST OF CHILDREN'S NAMES DISPLAYED
ENTER APPROPRIATE LINE NUMBER OF EACH CHILD COVERED BY
SOMEONE OUTSIDE. ENTER "N" FOR NONE OF THESE CHILDREN/NO MORE.

   ___   ___   ___   ___   ___   ___   ___   ___

Education

-ENROLL-

Last time, I recorded that [FIRST AND LAST NAME] was enrolled during the period from [PREVIOUS FIRST MONTH OF REFERENCE PERIOD] to [PREVIOUS LAST MONTH OF REFERENCE PERIOD]. Was [FIRST AND LAST NAME] enrolled in school, either full-time or part-time, during any of the months from [FIRST MONTH OF REFERENCE PERIOD] to the end of [LAST MONTH OF REFERENCE PERIOD]?

(1) Yes
(2) No

READ IF NECESSARY: Include any regular school, such as elementary, high school, or college, or any vocational, technical, or business school beyond high school.

__

-FULLPART-

Was [FIRST AND LAST NAME] enrolled full-time or part-time?

(1) Full-time
(2) Part-time

__

-NEWENRL-

Was [FIRST AND LAST NAME] enrolled in school, either full-time or part-time, during any of the months [FIRST MONTH OF REFERENCE PERIOD] through [LAST MONTH OF REFERENCE PERIOD]?

(1) Yes
(2) No

READ IF NECESSARY: Include any regular school, such as elementary, high school,   or college, or any vocational, technical, or business school beyond high school.

__

-NEWFULL-

Was [FIRST AND LAST NAME] enrolled full-time or part-time?

(1) Full-time
(2) Part-time

___

-MNTHENRL-

In which months was [FIRST AND LAST NAME] enrolled in school?

Was [FIRST AND LAST NAME] enrolled in:

(1) Yes
(2) No

[REFERENCE MONTH1] __
[REFERENCE MONTH2] __
[REFERENCE MONTH3] __
[REFERENCE MONTH4] __

-OLDLVL-

Last time, I recorded that [FIRST AND LAST NAME] was enrolled in [PREVIOUS EDUCATIONAL ATTAINMENT]. Was [FIRST AND LAST NAME] enrolled at that level during the period of [FIRST MONTH OF REFERENCE PERIOD] to [LAST MONTH OF REFERENCE PERIOD]?

(1) Yes
(2) No

___

-NEWLVL-

At what level or grade was [FIRST AND LAST NAME] enrolled?

("College year" indicates the level according to academic standing, not the number of years enrolled in college.)

    (1)   Elementary grades 1-8
    (2)   High School grades 9-12
    (3)   College year 1 (Freshman)
    (4)   College year 2 (Sophomore)
    (5)   College year 3 (Junior)
    (6)   College year 4 (Senior)
    (7)   College year 5 (First year graduate or professional school)
    (8)   College year 6+ (Second year or higher in graduate or professional school)
    (9)   Vocational, technical, or business school beyond high school level
    (10)   Enrolled in college, but not working towards degree

       __

-EDCHCK1-

[FIRST AND LAST NAME] said that [FIRST AND LAST NAME] was ENROLLED in [EDUCATIONAL ATTAINMENT]. Earlier I recorded that the highest grade or level [FIRST AND LAST NAME] COMPLETED was [PREVIOUS EDUCATIONAL ATTAINMENT].

Are both of these statements correct?

    (1)   Yes, both statements are correct
    (2)   Only COMPLETED statement is correct, ENROLLED statement   should be changed
    (3)   Only ENROLLED statement is correct, COMPLETED statement   should be changed
    (4)   Both the COMPLETED statement and the ENROLLED statement   should be changed

       __

-FXENRL-

At what level or grade was [FIRST AND LAST NAME] enrolled?

("College year" indicates the level according to academic standing, not the number of years enrolled in college.)

      (1)   Elementary grades 1-8
      (2)   High School grades 9-12
      (3)   College year 1 (Freshman)
      (4)   College year 2 (Sophomore)
      (5)   College year 3 (Junior)
      (6)   College year 4 (Senior)
      (7)   College year 5 (First year graduate or professional school)
      (8)   College year 6+ (Second year or higher in graduate or professional school)
      (9)   Vocational, technical, or business school beyond high school level
      (10)   Enrolled in college, but not working towards degree

      __

-FXEDUC-

What is the highest level of school [FIRST AND LAST NAME] has completed or the highest degree [FIRST AND LAST NAME] has received?

(31) Less than 1st grade

(32) 1st,2nd,3rd or 4th grade

(33) 5th or 6th grade

(34) 7th or 8th grade

(35) 9th grade

(36) 10th grade

(37) 11th grade

(38) 12th grade, no diploma

(39) HIGH SCHOOL GRADUATE - high school DIPLOMA
    or equivalent (For example: GED)

(40) Some college but no degree

(41) Diploma or certificate from a vocational, technical,
    trade or business school beyond the High School level

(42) Associate degree in college - Occupational/vocational program

(43) Associate degree in college - Academic program

(44) Bachelors degree (For example: BA, AB, BS)

(45) Master's degree (For example:MA, MS, MEng, MEd,
    MSW, MBA)

(46) Professional School Degree (For example: MD, DDS
     DVM, LLB, JD)

(47) Doctorate degree (For example: PhD, EdD)

      __

-EDCHCK2-

Was [FIRST AND LAST NAME] enrolled in a program working towards a degree?

(1) Yes
(2) No

__

-EDFUND-

Last time, I recorded that [FIRST AND LAST NAME] [PREVIOUS EDUCATIONAL
ASSISTANCE RECEIPT] during the period [PREVIOUS FIRST MONTH OF REFERENCE
PERIOD] through [PREVIOUS LAST MONTH OF REFERENCE PERIOD]. Were any of [FIRST
AND LAST NAME] educational expenses during the period [FIRST MONTH OF REFERENCE
PERIOD] through the end of [LAST MONTH OF REFERENCE PERIOD] paid for by any type of
educational assistance or financial aid?

READ IF NECESSARY: Include financial assistance such as loans, grants, scholarships, employer
assistance, veterans benefits, or any other type of financial aid?

(1) Yes
(2) No

__

-NEWFUND-

Were any of [FIRST AND LAST NAME] educational expenses during the period [FIRST MONTH
OF REFERENCE PERIOD] through the end of [LAST MONTH OF REFERENCE PERIOD] paid
for by any type of educational assistance or financial aid such as loans, grants, scholarships, employer
assistance, veterans benefits, or any other type of financial aid?

(1) Yes
(2) No

__

-EDASST-

Last time, I recorded that [FIRST AND LAST NAME] received: [PREVIOUS EDUCATIONAL ASSISTANCE TYPE(S)]. During the period from [FIRST MONTH OF REFERENCE PERIOD] to [LAST MONTH OF REFERENCE PERIOD], did [FIRST AND LAST NAME] still receive all of these types of aid OR did they change?

      (1) Yes, SAME types
      (2) No, CHANGE types

     __

-NEWASST-

What kind of educational assistance did [FIRST AND LAST NAME] receive during the period from [FIRST MONTH OF REFERENCE PERIOD] to the end of [LAST MONTH OF REFERENCE PERIOD]? Anything else?

SHOW FLASHCARD J. ENTER ALL THAT APPLY. ENTER N AFTER LAST ENTRY.

     (1) Federal PELL Grant
     (2) Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors and Dependents, other Veterans' Administration Educational Assistance Programs.
     (3) College (or Federal) Work Study Program
     (4) Any other Federal grant or program; for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant
     (5) A loan that has to be repaid, for example, Stafford, Perkins, or SLS
     (6) A grant, scholarship, or tuition remission from the school attended
     (7) A teaching or research assistantship from the school attended
     (8) A grant or scholarship from the state, such as SSIGP, Douglas Scholarships
     (9) A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc.
     (10) Assistance provided by [FIRST AND LAST NAME] employer
     (11) Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings funds)

     __

     __   __   __   __   __   __   __

-HINONE-

I recorded that [NAME OF PERSON/YOU] [WAS/WERE] NOT covered
by any health insurance plan during the months of [MONTHS OF REFERENCE PERIOD PERSON
NOT COVERED].   Which ONE OR MORE of these reasons describe why [NAME OF
PERSON/YOU] [WAS/WERE] not covered?

(SHOW FLASHCARD I.)   ENTER "N" AFTER LAST ENTRY

       (01) Too expensive, can't afford health insurance
       (02) No health insurance offered by (employer of self, spouse, or parent)
       (03) Not working at a job long enough to qualify
       (04) Job layoff, job loss, or any reason related to unemployment
       (05) Not eligible because working part time or temporary job
       (06) Can't obtain insurance because of poor health, illness, age,
            or a pre-existing condition
       (07) Dissatisfied with previous insurance OR don't believe in insurance
       (08) Have been healthy, not much sickness in the family,
            haven't needed health insurance
       (09) Able to go to VA or military hospital for medical care
       (10) Covered by some other health plan, such as Medicaid
       (11) No longer covered by parents policy
       (12) Other

       ___   ___   ___   ___   ___   ___

-HISPEC-

Specify the exact "OTHER" reason not covered by health insurance.

_____

Programs

-PROGINTRO-

    Now we are going to ask some questions about
    government programs.

    PRESS ENTER TO CONTINUE

    ___

-MTHRNT-

    Excluding any rent subsidies, how much [DO/DOES]
    [FIRST AND LAST NAME] pay in monthly rent?

    (N) None

    ___

-MTHRNTCK-

    FR NOTE: LAST WAVE, RENT REPORTED WAS $ [RENT AMOUNT].
    (DO NOT PROVIDE AMOUNT UNLESS RESPONDENT ASKS.)

    This is substantially different from the amount I recorded
    last time. Has there been a change in the monthly rent
    since last time?

        (1) Yes
        (2) No

    ___

-UTILYNCK2-

    Last time I recorded [YOU/HE/SHE] paid for utilities such as
    water, electricity, gas, or oil.
    [DID YOU/IN ADDITION TO RENT DID YOU] still pay for any
    utilities (EXCLUDE TELEPHONE)?

        (1) Yes
        (2) No

    ___

-UTILYN-
     [DID YOU/ IN ADDITION TO RENT DID YOU] pay for any
     utilities such as water, electricity, gas, or oil?
     Exclude telephone.

         (1) Yes
         (2) No

        ___

-EGYASSYNCK2-

     Last time I recorded this household was receiving energy
     assistance. Did you receive any energy assistance from
     [MONTH1] first to the end of [MONTH4]?

         (1) Yes
         (2) No

        ___

-EGYASSYN-

     Has this household received any energy assistance
     from the Federal, state, or local government
     from [MONTH1] 1st to the end of [MONTH4]?

         (1) Yes
         (2) No

        ___

-EGYPAYMT-

[EARLIER YOU SAID THIS HOUSEHOLD RECEIVED ENERGY ASSISTANCE]
Was this assistance received in the form of -

    (1) Checks sent to household
    (2) Coupons or vouchers sent to household
    (3) Payments sent directly to utility company, fuel
       dealer, or landlord

[bold] (MARK ALL THAT APPLY. ENTER "N" AFTER LAST ENTRY.)

    ___   ___   ___

-EGYAMT-
What was the total amount of the energy assistance
received by this household from [MONTH1] first
to the end of [MONTH4]?

   ___

-HOTLUNYN-
[LAST TIME I RECORDED THAT AT LEAST ONE CHILD/ NO CHILD GOT A   LUNCH
AT SCHOOL]
From [MONTH1] 1st to the end of
[MONTH4], [DID CHILD'S FIRST AND LAST NAME/ ANY OF THE
CHILDREN IN THIS HOUSEHOLD] usually get a
lunch offered at school?

    (1) Yes
    (2) No

    ___

-WHOHOTLN-

From [MONTH1] first to the end of [MONTH4], which children usually got a lunch at school?

ENTER THE LINE NUMBER OF CHILDREN WHO GOT A LUNCH AT SCHOOL.
ENTER (N) AFTER ENTERING LAST LINE NUMBER.

___   ___   ___

___   ___   ___

-FREELNYN-

(REFERENCE PERIOD = [MONTH1] first to the end of
[MONTH4])

Were any of the lunches free or reduced price because
[THIS CHILD/ THESE CHILDREN] qualified for the Federal School Lunch
Program?

(1) Yes
(2) No

___

-FREREDLN-

(REFERENCE PERIOD = [MONTH1] first to the end of
[MONTH4])

Were they free or reduced price?

(1) Free lunch
(2) Reduced-price lunch

___

-BRKFSTYN-

[LAST TIME I RECORDED AT LEAST ONE CHILD/ NO CHILD IN THIS
HOUSEHOLD GOT BREAKFAST AT SCHOOL]
From [MONTH1] 1st to the end of [MONTH4] [DID CHILD'S FIRST AND LAST   NAME/
ANY OF THE CHILDREN IN THIS HOUSEHOLD] usually get breakfastat school under the Federal
School Breakfast Program?

(1) Yes
(2) No

___

-WHOBRK-
Which children usually got breakfast at school?

ENTER LINE NUMBER OF CHILDREN WHO GOT BREAKFAST AT SCHOOL.
ENTER (N) AFTER ENTERING LAST LINE NUMBER

___ ___ ___
___ ___ ___

-FREEBRK-
(REFERENCE PERIOD = [MONTH1] first to the end of
[MONTH4])

Were any of the breakfasts free or reduced-price?

(1) Yes
(2) No

___

-FREREDBK-

   (REFERENCE PERIOD = [MONTH1] first to the end of
   [MONTH4])

   Were they free or reduced price?

      (1) Free breakfast
      (2) Reduced-price breakfast

         ___

U.S. Department
of Commerce

BUREAU OF THE
CENSUS

Survey of Income and Program Participation

Field Representative's Flashcard and Information Booklet

(Cut along broken lines)

FLASHCARD INDEX

Flashcard Index

Booklet Instructions

A – Relationship to Reference Person

B – Educational Attainment

C – Race

D – Origin

E – Calendar of Reference Months

F – Assets Owned

G – Colors of the Envelopes from the Social
Security Administration

H – Sample Medicare Cards

I – Reason Not Covered by Health Insurance

J – Educational Assistance

Respondent Rules

Household Member Summary Table

Privacy Act Statement

Talking Points for Field Representatives

Uses of SIPP

      Elderly Respondents

      Poor Respondents

      Wealthy Respondents

      Middle Income Respondents

(Cut along broken lines)

BOOKLET INSTRUCTIONS

1. Cards E are reference calendars. You will use a different Card E for each month you interview. Keep only the current month reference calendar in your booklet, and place remaining calendars for future interview months with your other supplies. Discard calendars for previous interview months.

2. During the interview, you may find it easier to handle the flashcards if you remove them from the binder.

(Cut along broken lines)

CARD A

RELATIONSHIP TO REFERENCE PERSON

20 – Spouse (Husband or Wife)

21 – Unmarried Partner

22 – Child

23 – Grandchild

24 – Parent (Mother or Father)

25 – Brother or Sister

26 – Other Relative of Reference Person
(Uncle, Cousin, Mother-In-Law,
Father-In-Law, etc.)

27 – Foster Child

28 – Housemate/Roommate

29 – Roomer/Boarder

30 – Other Non-Relative of Reference Person

(Cut along broken lines)

SIPP-16004 (5-7-98)

CARD B

EDUCATIONAL ATTAINMENT

31 – Less than 1st grade

32 – 1st, 2nd, 3rd, or 4th grade

33 – 5th or 6th grade

34 – 7th or 8th grade

35 – 9th grade

36 – 10th grade

37 – 11th grade

38 – 12th grade, no diploma

39 – HIGH SCHOOL GRADUATE – high school DIPLOMA or equivalent (For example, GED)

40 – Some college but no degree

41 – Diploma or certificate from a vocational, technical, trade or business school BEYOND the High School level

42 – Associate degree in college – Occupational/Vocational program

43 – Associate degree in college – Academic program

44 – Bachelor's degree (For example: BA, AB, BS)

45 – Master's degree (For example: MA, MS, MEng, MEd, MSW, MBA)

46 – Professional School degree (For example: MD, DDS, DVM, LLB, JD)

47 – Doctorate degree (For example: PhD, EdD)

B

(Cut along broken lines)

CARD C

RACE

WHICH OF THE CATEGORIES ON THIS CARD BEST DESCRIBES YOUR RACE?

1 – White

2 – Black

3 – American Indian, Eskimo, or Aleut

4 – Asian or Pacific Islander

C

(Cut along broken lines)

CARD D

ORIGIN

Which of the categories on this card best describes your origin or descent?

European Origin

1 – Canadian

2 – Dutch

3 – English

4 – French

5 – French-Canadian

6 – German

7 – Hungarian

8 – Irish

9 – Italian

10 – Polish

11 – Russian

12 – Scandinavian

13 – Scotch/Irish

14 – Scottish

15 – Slovak

16 – Welsh

17 – Other European

Hispanic Origin

20 – Mexican

21 – Mexican-American

22 – Chicano

23 – Puerto Rican

24 – Cuban

25 – Central American

26 – South American

27 – Dominican Republic

28 – Other Hispanic

Other Origins

30 – African-American or Afro-American

31 – American Indian, Eskimo or Aleut

32 – Arab

33 – Asian

34 – Pacific Islander

35 – West Indian

39 – Another group not listed

D

(Cut along broken lines)

CARD E

FEBRUARY 1996 INTERVIEW

CALENDAR OF REFERENCE MONTHS

OCTOBER 1995
(4 months ago)

S	M	T	W	T	F	S	Week No.
1	2	3	4	5	6	7	1
8	(9)	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30	31					(5)

NOVEMBER 1995
(3 months ago)

S	M	T	W	T	F	S	Week No.
			1	2	3	4	5
5	6	7	8	9	(10)	11	6
12	13	14	15	16	17	18	7
19	20	21	22	(23)	24	25	8
26	27	28	29	30			9

DECEMBER 1995
(2 months ago)

S	M	T	W	T	F	S	Week No.
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	(25)	26	27	28	29	30	13
31							(14)

JANUARY 1996
(1 month ago)

S	M	T	W	T	F	S	Week No.
	(1)	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	(15)	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30	31				18

FEBRUARY 1996

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	(19)	20	21	22	23	24
25	26	27	28	29		

( ) Holidays

E

(Cut along broken lines)

CARD E

MARCH 1996 INTERVIEW

CALENDAR OF REFERENCE MONTHS

NOVEMBER 1995 (4 months ago)

S	M	T	W	T	F	S	Week No.
			1	2	3	4	1
5	6	7	8	9	(10)	11	2
12	13	14	15	16	17	18	3
19	20	21	22	(23)	24	25	4
26	27	28	29	30			5

DECEMBER 1995 (3 months ago)

S	M	T	W	T	F	S	Week No.
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	(25)	26	27	28	29	30	9
31							(10)

JANUARY 1996 (2 months ago)

S	M	T	W	T	F	S	Week No.
	(1)	2	3	4	5	6	10
7	8	9	10	11	12	13	11
14	(15)	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30	31				14

FEBRUARY 1996 (1 month ago)

S	M	T	W	T	F	S	Week No.
				1	2	3	(14)
4	5	6	7	8	9	10	15
11	12	13	14	15	16	17	16
18	(19)	20	21	22	23	24	17
25	26	27	28	29			18

MARCH 1996

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

◯ Holidays

E

(Cut along broken lines)

CARD E

APRIL 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

DECEMBER 1996 (4 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	(25)	26	27	28	4
29	30	31					(5)

JANUARY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
			(1)	2	3	4	5
5	6	7	8	9	10	11	6
12	13	14	15	16	17	18	7
19	(20)	21	22	23	24	25	8
26	27	28	29	30	31		9

FEBRUARY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	(17)	18	19	20	21	22	12
23	24	25	26	27	28	29	13

MARCH 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
						1	(13)
2	3	4	5	6	7	8	14
9	10	11	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	27	28	29	17
(30)	31						(17)

APRIL 1997						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

◯ Holidays

E

(Cut along broken lines)

CARD E

MAY 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JANUARY 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
			(1)	2	3	4	1
5	6	7	8	9	10	11	2
12	13	14	15	16	17	18	3
19	(20)	21	22	23	24	25	4
26	27	28	29	30	31		5

FEBRUARY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(5)
2	3	4	5	6	7	8	6
9	10	11	12	13	14	15	7
16	(17)	18	19	20	21	22	8
23	24	25	26	27	28	29	9

MARCH 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(9)
2	3	4	5	6	7	8	10
9	10	11	12	13	14	15	11
16	17	18	19	20	21	22	12
23	24	25	26	27	28	29	13
(30)	31						(14)

APRIL 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30				18

MAY 1997						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	(27)	28	29	30	31

◯ Holidays

E

(Cut along broken lines)

CARD E

JUNE 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

FEBRUARY 1997 (4 months ago)

S	M	T	W	T	F	S	Week No.
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	(19)	20	21	22	3
23	24	25	26	27	28		4

MARCH 1997 (3 months ago)

S	M	T	W	T	F	S	Week No.
						1	(4)
2	3	4	5	6	7	8	5
9	10	11	12	13	14	15	6
16	17	18	19	20	21	22	7
23	24	25	26	27	28	29	8
(30)	31						(9)

APRIL 1997 (2 months ago)

S	M	T	W	T	F	S	Week No.
		1	2	3	4	5	9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30				13

MAY 1997 (1 month ago)

S	M	T	W	T	F	S	Week No.
				1	2	3	(13)
4	5	6	7	8	9	10	14
11	12	13	14	15	16	17	15
18	19	20	21	22	23	24	16
25	26	(27)	28	29	30	31	17

JUNE 1997

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

◯ Holidays

E

(Cut along broken lines)

CARD E

JULY 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MARCH 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
						1	(1)
2	3	4	5	6	7	8	1
9	10	11	12	13	14	15	2
16	17	18	19	20	21	22	3
23	24	25	26	27	28	29	4
(30)	31						(5)

APRIL 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	4	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30				9

MAY 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
			1	2	3		(9)
4	5	6	7	8	9	10	10
11	12	13	14	15	16	17	11
18	19	20	21	22	23	24	12
25	(26)	27	28	29	30	31	13

JUNE 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	14
8	9	10	11	12	13	14	15
15	16	17	18	19	20	21	16
22	23	24	25	26	27	28	17
29	30						(17)

E

(Cut along broken lines)

JULY 1996						
S	M	T	W	T	F	S
		1	2	3	(4)	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

◯ Holidays

CARD E

AUGUST 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

APRIL 1997 (4 months ago)							Week No.
S	M	T	W	T	F	S	
	1	2	3	4	5		1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30				5

MAY 1997 (3 months ago)							Week No.
S	M	T	W	T	F	S	
				1	2	3	(5)
4	5	6	7	8	9	10	6
11	12	13	14	15	16	17	7
18	19	20	21	22	23	24	8
25	(26)	27	28	29	30	31	9

JUNE 1997 (2 months ago)							Week No.
S	M	T	W	T	F	S	
1	2	3	4	5	6	7	10
8	9	10	11	12	13	14	11
15	16	17	18	19	20	21	12
22	23	24	25	26	27	28	13
29	30						(14)

JULY 1997 (1 month ago)							Week No.
S	M	T	W	T	F	S	
		1	2	3	(4)	5	14
6	7	8	9	10	11	12	15
13	14	15	16	17	18	19	16
20	21	22	23	24	25	26	17
27	28	29	30	31			18

E

(Cut along broken lines)

AUGUST 1997						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

◯ Holidays

CARD E

SEPTEMBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

MAY 1997 (4 months ago)

S	M	T	W	T	F	S	Week No.
				1	2	3	(1)
4	5	6	7	8	9	10	2
11	12	13	14	15	16	17	3
18	19	20	21	22	23	24	4
25	(26)	27	28	29	30	31	5

JUNE 1997 (3 months ago)

S	M	T	W	T	F	S	Week No.
1	2	3	4	5	6	7	5
8	9	10	11	12	13	14	6
15	16	17	18	19	20	21	7
22	23	24	25	26	27	28	8
29	30						(9)

JULY 1997 (2 months ago)

S	M	T	W	T	F	S	Week No.
	1	2	3	(4)	5		9
6	7	8	9	10	11	12	10
13	14	15	16	17	18	19	11
20	21	22	23	24	25	26	12
27	28	29	30	31			13

AUGUST 1997 (1 month ago)

S	M	T	W	T	F	S	Week No.
					1	2	(13)
3	4	5	6	7	8	9	14
10	11	12	13	14	15	16	15
17	18	19	20	21	22	23	16
24	25	26	27	28	29	30	17
31							(17)

SEPTEMBER 1997

S	M	T	W	T	F	S
	(1)	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

( ) Holidays

E

(Cut along broken lines)

CARD E

OCTOBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JUNE 1997 (4 months ago)

S	M	T	W	T	F	S	Week No.
1	2	3	4	5	6	7	1
8	9	10	11	12	13	14	2
15	16	17	18	19	20	21	3
22	23	24	25	26	27	28	4
29	30						(5)

JULY 1997 (3 months ago)

S	M	T	W	T	F	S	Week No.
		1	2	3	(4)	5	5
6	7	8	9	10	11	12	6
13	14	15	16	17	18	19	7
20	21	22	23	24	25	26	8
27	28	29	30	31			9

AUGUST 1997 (2 months ago)

S	M	T	W	T	F	S	Week No.
					1	2	(9)
3	4	5	6	7	8	9	10
10	11	12	13	14	15	16	11
17	18	19	20	21	22	23	12
24	25	26	27	28	29	30	13
31							(14)

SEPTEMBER 1997 (1 month ago)

S	M	T	W	T	F	S	Week No.
	(1)	2	3	4	5	6	14
7	8	9	10	11	12	13	15
14	15	16	17	18	19	20	16
21	22	23	24	25	26	27	17
28	29	30					(17)

OCTOBER 1996

S	M	T	W	T	F	S
		1	2	3	4	
5	6	7	8	9	10	11
12	(13)	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

◯ Holidays

E

(Cut along broken lines)

CARD E

NOVEMBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

JULY 1997 (4 months ago)							Week No.
S	**M**	**T**	**W**	**T**	**F**	**S**	
		1	2	3	(4)	5	1
6	7	8	9	10	11	12	2
13	14	15	16	17	18	19	3
20	21	22	23	24	25	26	4
27	28	29	30	31			5

AUGUST 1997 (3 months ago)							Week No.
S	**M**	**T**	**W**	**T**	**F**	**S**	
					1	2	(5)
3	4	5	6	7	8	9	6
10	11	12	13	14	15	16	7
17	18	19	20	21	22	23	8
24	25	26	27	28	29	30	9
31							(10)

SEPTEMBER 1997 (2 months ago)							Week No.
S	**M**	**T**	**W**	**T**	**F**	**S**	
(1)	2	3	4	5	6		10
7	8	9	10	11	12	13	11
14	15	16	17	18	19	20	12
21	22	23	24	25	26	27	13
28	29	30					(14)

OCTOBER 1997 (1 month ago)							Week No.
S	**M**	**T**	**W**	**T**	**F**	**S**	
			1	2	3	4	14
5	6	7	8	9	10	11	15
12	(13)	14	15	16	17	18	16
19	20	21	22	23	24	25	17
26	27	28	29	30	31		18

NOVEMBER 1997						
S	**M**	**T**	**W**	**T**	**F**	**S**
						1
2	3	4	5	6	7	8
9	10	(11)	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	(27)	28	29
30						

◯ Holidays

E

(Cut along broken lines)

CARD E

DECEMBER 1997 INTERVIEW

CALENDAR OF REFERENCE MONTHS

AUGUST 1997 (4 months ago)

S	M	T	W	T	F	S	Week No.
					1	2	(1)
3	4	5	6	7	8	9	1
10	11	12	13	14	15	16	2
17	18	19	20	21	22	23	3
24	25	26	27	28	29	30	4
31							(5)

SEPTEMBER 1997 (3 months ago)

S	M	T	W	T	F	S	Week No.
	(1)	2	3	4	5	6	5
7	8	9	10	11	12	13	6
14	15	16	17	18	19	20	7
21	22	23	24	25	26	27	8
28	29	30					(9)

OCTOBER 1997 (2 months ago)

S	M	T	W	T	F	S	Week No.
			1	2	3	4	9
5	6	7	8	9	10	11	10
12	(13)	14	15	16	17	18	11
19	20	21	22	23	24	25	12
26	27	28	29	30	31		13

NOVEMBER 1997 (1 month ago)

S	M	T	W	T	F	S	Week No.
						1	(13)
2	3	4	5	6	7	8	14
9	10	(11)	12	13	14	15	15
16	17	18	19	20	21	22	16
23	24	25	26	(27)	28	29	17
30							(17)

DECEMBER 1997

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	(25)	26	27
28	29	30	31			

◯ Holidays

E

(Cut along broken lines)

CARD F

TYPES OF ASSETS

U.S. Government Savings Bonds (E or EE)

IRA of Keogh Account

401K or Thrift Plan

Interest Earning Checking Account

Savings Account

Money Market Deposit Account

Certificate of Deposit (CD)

Mutual Funds

Stocks

Municipal or Corporate Bonds

U.S. Government Securities

Mortgages from which Payments are Received

Rental Property

Royalties

Other financial Investments not already mentioned

F

(Cut along broken lines)

CARD G

COLORS OF THE ENVELOPES FROM THE SOCIAL SECURITY ADMINISTRATION

BLUE

BUFF

G

(Cut along broken lines)

CARD H

SAMPLE MEDICARE CARDS

MEDICARE   **HEALTH INSURANCE**

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
JOHN Q PUBLIC

CLAIM NUMBER   SEX
000-00-0000-A   **MALE**

IS ENTITLED TO   EFFECTIVE DATE
HOSPITAL   (PART A)   12–1–90
MEDICAL   (PART B)   12–1–90

SIGN
HERE ➡ *John Q. Public*

MEDICARE   **HEALTH INSURANCE**

RAILROAD RETIREMENT BOARD

NAME OF BENEFICIARY
JOHN Q PUBLIC

CLAIM NUMBER   SEX
                         MALE

IS ENTITLED TO   EFFECTIVE DATE
HOSPITAL   (PART A)   12–1–90
MEDICAL   (PART B)   12–1–90

SIGN
HERE ➡ *John Q. Public*

H

(Cut along broken lines)

CARD I

REASONS NOT COVERED BY HEALTH INSURANCE

Which one or more of these reasons describe why you were not covered by health insurance during this time?

1 – Too expensive, can't afford health insurance

2 – No health insurance offered (by employer of self, spouse or parent)

3 – Not working at a job long enough to qualify

4 – Job layoff, job loss, or any reason related to unemployment

5 – Not eligible because working part time or temporary job

6 – Can't obtain insurance because of poor health, illness, age, or a pre-existing condition

7 – Dissatisfied with previous insurance OR don't believe in insurance

8 – Have been healthy, not much sickness in the family, haven't needed health insurance

9 – Able to go to VA or military hospital for medical care

10 – Covered by some other health plan, such as Medicaid

11 – No longer covered by parents' policy

12 – Other

I

(Cut along broken lines)

CARD J

EDUCATIONAL ASSISTANCE

1 – Federal PELL Grant

2 – Assistance from the Department of Veteran's Affairs (VA) such as GI or Montgomery Bill, Survivors and Dependents, other Veterans' Administration Educational Assistance Programs

3 – College (or Federal) Work Study Program

4 – Any other FEDERAL grant or program: for example, SEOG, Health or Nursing Grant, ROTC, NSF Grant

5 – A loan that has to be repaid, for example, Stafford, Perkins, or SLS

6 – A grant, scholarship, or tuition remission FROM THE SCHOOL ATTENDED

7 – A teaching or research assistantship from the school attended

8 – A grant or scholarship FROM THE STATE, such as SSIGP, Douglas Scholarships

9 – A grant or scholarship from some other source, such as a foundation, corporation, or community group, National Merit Scholarship, etc.

10 – Assistance provided by employer

11 – Aid from some other source (EXCLUDE all direct aid from parents, including trusts or college savings funds)

(Cut along broken lines)

RESPONDENT RULES

HOUSEHOLD RESPONDENT

Any household member 15 years old or older who is physically and mentally competent and knowledgeable may answer the control card questions and questions about the household as a unit.

HOUSEHOLD MEMBER 15 YEARS OF AGE OR OLDER

Each household member 15 years old or older, present at the time of interview, should respond for himself/herself. If a 15+ person is physically or mentally incompetent, select a proxy respondent. Also select a proxy respondent for a person absent at the time of interview. Any **knowledgeable** household member who is 15 years old or older may serve as proxy. Following is a chart for your use in determining who to interview. The choices are listed in order of priority.

INTERVIEW RESPONDENT PRIORITY RULES	
WAVE	FIRST FAMILY MEMBER INTERVIEW OR RETURN VISIT INTERVIEW
1	1. Self 2. Spouse (if any) 3. Other proxy
2	1. Self 2. Spouse (if any) 3. Proxy last visit 4. New proxy
3–8	1. Self 2. Spouse (if any) 3. Proxy last visit 4. Proxy at another visit 5. New proxy

If a person wishes to act as a proxy but is not a household member, you **must** call your supervisor for permission before interviewing the proxy. Enter a note in Case Management using F7.

SUMMARY TABLE FOR DETERMINING
WHO IS TO BE INCLUDED AS A MEMBER OF THE HOUSEHOLD

	Include as member of household?	
A. PERSON STAYING IN SAMPLE UNIT AT TIME OF INTERVIEW		
Any person in unit including members of family, lodgers, servants, visitors, etc.		
1. Ordinarily stay here all the time (sleep here)	Yes	
2. Here temporarily – no living quarters held elsewhere	Yes	
3. Here temporarily – living quarters held elsewhere		No
In Armed Forces		
1. Stationed in this locality – usually sleep here	Yes	
2. Temporarily here on leave – stationed elsewhere		No
Student – Here temporarily attending school – living quarters held for person elsewhere		
1. Not married or not accompanied by own family		No
2. Married and accompanied by own family	Yes	
3. Student nurse attending school nearby	Yes	
B. ABSENT PERSON WHO USUALLY LIVES HERE IN SAMPLE UNIT		
Inmate of institutional special place – Absent because inmate in an institutional special place regardless of whether or not living quarters held for person here		No
Persons temporarily absent on vacation, in general hospital, etc. (Including veterans' facilities that are general hospitals) – Living quarters held here for person	Yes	
Absent in connection with job		
1. Living quarters held here for person – temporarily absent while "on the road" in connection with job (e.g., traveling salesperson, railroad worker, bus driver, seaman)	Yes	
2. Living quarters held here and elsewhere for person but comes here infrequently (e.g., construction engineer)		No
3. Living quarters held here at home for unmarried college student working away from home during summer school vacation	Yes	
In Armed Forces – Currently stationed elsewhere		No
In school – Away temporarily attending school – living quarters held here for person		
1. Not married or not accompanied by own family	Yes	
2. Married and accompanied by own family		No
3. Attending school overseas		No
4. Student nurse living at school		No
C. EXCEPTIONS AND DOUBTFUL CASES		
Person with two concurrent residences		
1. Regularly sleep greater part of week in another locality		No
2. Regularly sleep greater part of week here	Yes	
Citizen of foreign country temporarily in the United States		
1. Living on premises of an Embassy, Ministry, Legation, Chancellery, or Consulate		No
2. Not living on premises of an Embassy, Ministry, etc. –		
a. If living and studying here and no usual place of residence elsewhere in the United States	Yes	
b. If living and working here and no usual place of residence elsewhere in the United States	Yes	
c. If merely visiting or traveling in the United States		No

SIPP-16004 (5-7-98)

PRIVACY ACT STATEMENT

"The Bureau of the Census is conducting the Survey of Income and Program Participation to gather information about employment, income, and the economic situation of persons and families who live in the United States. All survey information will be used for statistical purposes only. The survey is being conducted under the authority of title 13, United States Code, section 182.

"Participation in the survey is voluntary, and there are no penalties for failure to answer any questions. However, your cooperation is extremely important to insure the completeness and accuracy of the final results."

TALKING POINTS FOR FIELD REPRESENTATIVES
Uses of SIPP

The Survey of Income and Program Participation (SIPP) is used to learn and understand more about the economic well being and changes of the Nation. Because SIPP follows people over time and because thousands of people have responded to this survey, we are able to provide unique answers or insights into key policy questions.

SIPP data are used by Congress, the White House, and state and local officials to make informed decisions about important policy questions facing the Nation. SIPP data provides meaningful information and insight into the economic well-being of the Nation. Data from the SIPP has been used directly or indirectly in many policy debates, such as:

- Health Coverage Reform Act and Legislation

- Minimum Wage Act and Legislation

- The Americans for Disabilities Act and Legislation

- Welfare Reform Act and Legislation

Listed on the next few pages are some of the ways SIPP data is used to provide information and insight about the following groups of respondents:

- Elderly Respondents

- Poor Respondents

- Wealthy Respondents

- Middle-Income Respondents

ELDERLY RESPONDENTS

▶ SIPP has been used to measure the impact on the value and sufficiency of Social Security payments due to:

- Changes in the cost of medical insurance, especially supplemental insurance.
- Changes in the amount of income received and how people meet living expenses.

▶ SIPP measures the changes that affect their ability to maintain their independence and life style, such as:

- The effects of inflation on the value of Social Security and Pensions.
- The effects of changes in savings and asset ownership over time and the ability of the elderly to maintain their pre-retirement standard of living.
- The effects of lower social security and pension payments on surviving spouses.
- The effect of the movement of the elderly into an extended family and their ability to retain independence.
- The transition of the elderly into group homes and nursing homes.

▶ SIPP allows testing of alternative approaches to improve economic standing of the elderly.

▶ SIPP measures the changes that affect people's qualification for programs such as food stamps, housing and energy assistance, Medicaid, etc.

- Changes in the amount of disposable income.
- Changes in the value of real assets as people cover current expenses.

▶ Measures the interaction between public and private program participation.

▶ Measures the impact on the Nation's well-being as the population grows older, such as:

- Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc., as the baby boomers reach retirement.
- Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
- Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.

▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

POOR RESPONDENTS

▶ SIPP measures the effects of changes in the economic well-being of those in poverty, such as:

- Changes in the minimum wage.
- Changes in program qualification requirements and benefits.
- Changes in family composition.

▶ SIPP measures the effect of program changes on those in poverty, such as Food Stamps, AFDC, WIC, Medicaid, etc.

- Changes in eligibility requirements.
- Changes in the benefits provided.
- Changes in the duration of coverage or waiting period before coverage begins.

▶ SIPP measures the effectiveness of public assistance programs on those in poverty, such as:

- The movement into and out of the labor force.
- The duration without coverage by health insurance.
- The effect of poverty in depleting real assets.
- The effect of poverty on educational attainment.
- Showing who actually participates in the programs.

▶ SIPP measures the effect that the Federal Earned Income Tax Credit has on those in poverty.

▶ SIPP measures the impact on educational attainment when the government modifies student loan programs and educational grants.

▶ SIPP measures the effectiveness of government programs to meet the needs of people in need even for short periods, such as:

- The effectiveness of assistance programs to meet the short term needs of people temporarily unemployed.
- The effectiveness of programs to reach the intended population.
- The impact on health care insurance participation during periods of unemployment.

▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

WEALTHY RESPONDENTS

▶ SIPP measures the impact of changes in government tax policies on savings and assets.

- Changes in the capital gains tax.
- Changes in estate taxes.
- Modification of tax credits or deductions.
- Changes in IRA and 401(k) eligibility and limits.
- Changes in age eligibility for withdrawing funds from IRA or 401(k) plans.

▶ SIPP measures the impact of corporate down-sizing on economic well-being, such as:

- The effect on labor force participation.
- The effect on savings and real assets as people try to maintain their standard of living.
- The effect on educational attainment of family members.
- The effect on child care arrangements during times of unemployment.

▶ Measures the impact on the Nation's well-being as the population grows older, such as:

- Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc., as the baby boomers reach retirement.
- Changes in real assets such as real estate, mutual funds, and stocks as the population ages.
- Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.

▶ SIPP measures the impact of changes in health insurance programs.

- Changes in the cost of insurance policies.
- Changes in the composition of those covered.
- Changes in coverage when a person changes jobs.

▶ SIPP measures the impact of layoffs on the economic well-being of middle-income families.

- The fluctuations in labor force participation.
- The effect on savings and real assets as they try to maintain their standard of living.
- The effectiveness of unemployment payments to the family's well-being.
- The effect on educational attainment of family members.
- The effect on child care arrangements during times of unemployment.

▶ SIPP measures the changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

MIDDLE INCOME RESPONDENTS

▶ SIPP measures the impact of layoffs on the economic well-being of middle-income families.

- The fluctuations in labor force participation.

- The effect on savings and real assets as people try to maintain their standard of living.

- The effect on health insurance coverage, especially COBRAs. A COBRA is a requirement of the Omnibus Budget Reconciliation Act of 1986. It allows certain workers and their families the ability to retain health insurance benefits by paying the full cost of the coverage for a period of up to 36 months after a dependent reaches a certain age or up to 18 months after a worker is terminated from employment.

- The effectiveness of unemployment payments to the family's well-being.

- The effect on educational attainment of family members.

- The effect on child care arrangements during times of unemployment.

▶ SIPP measures the effectiveness of government programs to meet the needs of people in need even for short periods, such as:

- The effectiveness of assistance programs to meet the short term needs of people temporarily unemployed.

- The effectiveness of programs to reach the intended population.

- The impact on health care insurance participation during periods of unemployment.

▶ SIPP measures changes in the socioeconomic patterns of the nation's work force.

- Changes in the child care arrangements and work schedules when both parents are in the labor force.

- Changes in work habits caused by legislative initiatives such as the Family and Medical Leave Act.

- Changes in labor force participation as women leave the work force to have children and the duration of non-participation in the labor force.

- The job status of women/men as they reenter the work force after taking care of a baby or sick family member.

- Changes in family composition and the impact on the economic well-being of the family, after the loss of the main wage earner through death or divorce.

▶ SIPP has been used to measure the impact on the value and sufficiency of Social Security payments due to:

- Changes in the cost of medical insurance, especially supplemental insurance.

- Changes in the amount of income received and how people meet living expenses.

▶ SIPP measures the impact of changes in government tax policies on savings and assets.

- Changes in IRA or 401(k) eligibility or limits.

- Changes in the basic tax rates and exemptions.

- Modification of tax credits for education.

- Modification of tax deductions, such as changes in the deduction for mortgage interest or changes in personal exemptions.

▶ SIPP measures the impact of changes in health insurance programs.

- Changes in the cost of insurance policies.

- Changes in the composition of those covered.

- Changes in coverage when a person changes jobs.

▶ SIPP measures the impact on educational attainment when the government modifies student loan programs and educational grants.

▶ SIPP measures the impact on the Nation's well-being as the population grows older, such as:

- Changes in savings plans such as IRAs, 401(k)s, pensions plans, etc as the baby boomers reach retirement.

- Changes in real assets such as real estate, mutual funds, and stocks as the population ages.

- Changes in health insurance coverage, especially shifts in types of coverage over time from group or individual policies to HMOs.